VENDOR NAME	ADDRESS 1	ADDRESS 2	CITY, STATE, ZIP	<u>No</u>
The ACES	6815 W. Cactus Road		Peoria, AZ 85381	1
Play ABA	3929 S. Rural Road		Tempe, AZ 85282	2
Exceptional Educational Services	1110 E. Missouri Avenue	Suite 160	Phoenix, AZ 85014	3
Howard S. Gray Education Program	Banner Behavioral Health Hospital	7575 East Earll Drive	Scottsdale, AZ 85251	4
Nellie P. Covert School	2700 S. 8th Avenue		Tucson, AZ 85713	5
Gompers Center, Inc.	6601 N. 27th Avenue		Phoenix, AZ 85017	6
PREHAB of Arizona, Inc.	P.O. Box 5860		Mesa, AZ 85211-5860	7
New Way Learning Academy	1300 N. 77th Street		Scottsdale, AZ 85257	8
Life Development Institute	18001 N. 79th Avenue	Suite E-71	Glendale, AZ 85308	9
ACCEL	10251 N. 35th Avenue		Phoenix, AZ 85051	10
Gateway Academy	14255 N. 76th Place, A1		Scottsdale, AZ 85260	11
Phoenix Center for Education	4229 N. 16th Street		Phoenix, AZ 85016	12
Academic Behavioral Alternatives	1835 E. Guadalupe Road	Suite 103	Tempe, AZ 85283	13
Desert Voices Oral Learning Center	3426 E. Shea Boulevard		Phoenix, AZ 85208	14
Children's Center for Neurodevelopmental Studies	5430 W. Glenn Drive		Glendale, AZ 85301	15
St. Michaels Assoc. for Special Education, Inc.	P.O. Box 100 - Mustang Road		St. Michaels, AZ 86511	16
4 Success Schools, LLC	5727 N. Black Canyon Highway		Phoenix, AZ 85015	17
Foundation for Blind Children	1235 E. Harmont Drive		Phoenix, AZ 85020	18
Devereux Arizona	6436 E. Sweetwater Avenue		Scottsdale, AZ 85254	19
Arizona Baptist Children's Services	6015 W. Peoria Avenue		Glendale, AZ 85302	20
Upward Foundation	6306 N. 7th Street		Phoenix, AZ 85014	21
Starways, Inc. dba Hi-Star Center for Children	5807 N. 43rd Avenue		Phoenix, AZ 85019	22
Alternatives Unlimited	1801 S. 12th Street, SW Wing		Phoenix, AZ 85034	23
Youth Development Institute	1830 E. Roosevelt Road		Phoenix, AZ 85006	24
Southwest Education Center	4433 N. 7th Street		Phoenix, AZ 85014	25



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.	
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this	
This Contract shall henceforth be referred to as Contract Number ED06-0047-	
Your Offer, dated <u>5-17-06</u> , is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.	
ACCEPTANCE OF OFFER AND CONTRACT AWARD (For State of Artzona Use Only)	
related documents numbered and dated	
(Offeror acknowledges receipt of amend- ment(s) to the Solicitation for Offers and	
Acknowledgement of Amendment(s): Amendment No. Date Amendment No. Date	
Offeror's Federal Employer Identification Number: 20 - 860793737	
Offeror's Arizona Transaction (Sales) Privilege Tax License Number: 267-8320-5	
Telephone Number: (623)937-5090 Facsimile Number: (623)937-5349	
City State Zip Code Signature of Authorized Person Date of Offer	2
Street Address Title of Anthorized Person	
6815 W. Cachis Rd President	
The ACES: Austin Centers for Exceptional Students Frances Austin Company Name Name of Person Authorized to Sign Offer	

.....

C. Peeples, MBA, CPPB, CPCM

2006.

Procurement Director

Awarded this

ACES Personnel

President: Francie Austin

Human Resources: Larry Schwarz School Psychologists: Gay Hardy

Millie Crawley

West Campus:

6815 W. Cactus Rd.

Peoria, Az 85381 (623) 937-5090

123 employees including teachers, teaching assistants, behavior coaches, administrative

staff, and support staff.

Principal/Administrator:

Francie Austin

Lead Counselor:

Jeanne McGraw

Counselors:

Jennifer Montgomery

Karla Songer Sharon Spence

Speech Therapists:

Pam McLaughlin

Julie Phillips

Occupational Therapist:

Chri Wade

East Campus:

745 N. Alma School Rd.

Mesa, Az 85201 (480) 820-5186

21 employees including teachers, teaching assistants, behavior coaches, administrative staff, and support staff.

Principal/Administrator: (

Garen Austin

Counselors:

Jennifer Turek

Shari Deitz

Speech Therapist:

Julie Phillips

Occupational Therapist:

Chri Wade

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A :	Autism	\$ 152.00	-	28,272.00
EDP:	Emotional Disability/Separate Facility of Private School	\$ 128.00	186	23,808.00
HI:	Hearing Impairment			
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SS	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR:	Mild Mental Retardation	\$128.00	186	23,808.00
MOMR	R:Moderate Mental Retardation	\$128.60	186	23,808.00
OHI:	Other Health Impairment	\$ 128.00	186	23,808.00
OI:	Orthopedic Impairment			
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability	£128.00	186	23,808.00
SLI	Speech/Language Impairment	\$128.00	186	23,808.00
SMR:	Severe Mental Retardation		. = -	
TBI:	Traumatic Brain Injury	\$128.00	186	13,808.00
VI:	Visual Impairment			
				e un aproductiva de la compositiva della composi
Alterna	tive General Education: for At-Risk students	\$ 128.00	186	23,808.00

If payment is made within ______ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _______%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Please complete entire form as appropriate.

Related Services	Available	Included in Rate/unit (if Daily Rate not included)
Speech/Language Therapy	(Y) N	Y (N) \$ 110 perhau
Occupational Therapy	(Ŷ) N	Y N \$110 per hour
Physical Therapy	YN	Y N
Audiology	Y (N)	YN
Pre-vocation/Vocational	(Y) N	(Y) N
Counseling/Guidance for Students	(Y) N	Y N \$110 per hour
Parent Counseling and Training	(Y) N	(Y) N
Psychoeducational Assessments	(Y) N	Y (N) \$183-420
Psychological Services	Y (N)	YN
Recreation	(Ŷ) N	Y N
School Health Services	Y (N)	YN
Medical	Y (N)	YN
Transportation	(Y) N	Y (N) Variable
Other: Speech and language evaluation	Y N	Y (N) \$131 - 367
Other:	YN	YN
Other:	YN	Y N
Extended School Year	(Y) N	Y N \$106 perday

Circle all grades for which you are approved:

	<u> </u>		· ·		
(~\ \chi^		5	(C) (C)		(10) (11) (12)
PreK(K)\	1) (2)	(3) (4)	\5\(6\)\"7	') (8) (9)	(10)(11)(12)
	ノ(ノ				ピンピン ピン



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Play ABA / Chrysalis!	Academy Ic	ira J. Ri	رك
		Person Authorized to S	Sign Offer
3929 S. Kural Rd		- owner	
Street Address	Title of A	Authorized Person	
Tempe AZ 8528 City State Zip Cod	a Signature	2021 of Authorized Person	5/8/50 Date of Offer
•	- .	OI REGULORIZACI I CISOLI	Dute of Offer
Telephone Number: 602-743-5	DOO Facsimile	e Number: 460	0-491-8836
Offeror's Arizona Transaction (Sales) Privilege Tax I	License Number:		
Offeror's Federal Employer Identification Number:	-	4120906	20
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated	Amendment No. Date	Amendment N	io. Date
	OFFER AND CONTE	RACT AWARD	

Your Offer, dated $\frac{5-8-06}{}$, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-02.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

2006.

Awarded this _

Douglas C. Peeples, MBA CPPB, CPCM

Procurement Director

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category		Daily R		ys in endar	Annual F	Rate
A:	Autism		#138	00 19	81	# 24,9	18.0
EDP:	Emotional Disability/Separate Facility of Private	e School					
HI:	Hearing Impairment						
MD:	Multiple Disabilities (Please circle combinatio VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIN HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/	1R,					
MD-SS	SI: Multiple Disabilities/Severe Sensory Impairm (Please circle combinations served) SVI/SHI, SVI/MON/R, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR						
MIMR:	Mild Mental Retardation					·	
MOMR	:Moderate Mental Retardation						
OHI:	Other Health Impairment						
OI:	Orthopedic Impairment						
PMD:	Preschool-Moderate Delay						
PSD:	Preschool-Severe Delay						
PSL:	Preschool-Speech/Language Delay						
SLD:	Specific Learning Disability						
SLI	Speech/Language Impairment		#138.0	9 18	11	<u>*</u> 24,°	178.
SMR:	Severe Mental Retardation						
TBI:	Traumatic Brain Injury						
VI:	Visual Impairment					de la companya de la	
				e dotake			
Alterna	ative General Education: for At-Risk students						

If payment is made within	calendar	days	after	acceptance	of	goods	and/or	services,	the	above	quoted	price,
excluding sales tax, shall be discounted by	%	6. (Re	efer to	Uniform Ins	stru	ctions T	o Offer	ors for dis	coun	t requir	ements.)

Please complete entire form as appropriate.

Related Services	Avai	lable	1	ded in	Rate/unit (if
			\ \ \ \	Rate	not included)
Speech/Language Therapy	(Y)	N	(Y)	N	
Occupational Therapy	<u>(v)</u>	N	Υ	(N)	#75/he.
Physical Therapy	Y	N	Υ	N	
Audiology	Υ	N	Y	N	
Pre-vocation/Vocational	Y	N	Y	N	
Counseling/Guidance for Students	Y	(N)	Υ	N	4
Parent Counseling and Training	(Y)	N	Υ	(N)	75/hR.
Psychoeducational Assessments	Υ	$(\mathbb{N}^{\tilde{i}})$	Υ	N	4
Psychological Services	Y		Y	N	
Recreation	Υ	N	Y	N	
School Health Services	Y		Y	N	
Medical	Y		Υ	N	
Transportation	Υ	(N)	Υ	N	
Other: 1:1 aide supposet	8	N	Υ	N	75.9day
Other:	Υ	N	Y	N	
Other:	Y	N	Y	N	
Extended School Year	(E)	N	Y	N	138/day

Circle all grades for which you are approved:

PreK (K)	(1)	(2)	3	(5)	(6)	(7)	8	9	10	11	12
----------	-----	-------------	----------	-----	-------------	------------	---	---	----	----	----



ARIZONA DEPARTMENT OF EDUCATION Procurement Section

1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) conditions, specifications and amendments in the solicitation.	or construction in compliance with all the terms,
Desert Choice School Mo	of Person Authorized to Sign Offer
Street Address Ave Ste. 160 Title o	Authorized Person
Phoenix, AZ 85014 City State Zip Code Signatu	or Authorized Person Date of Offer
Telephone Number: 602, 274, 1311 Facsim	ile Number: 602,889,0900
Offeror's Arizona Transaction (Sales) Privilege Tax License Number:	
Offeror's Federal Employer Identification Number:	86-0955224
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated Amendment No. Date	Amendment No. Date
ACCEPTANCE OF OFFER AND CON'I (For State of Arizona Use Only)	RACT AWARD
Your Offer, dated $5-19-06$, is hereby accepted as described in the No	tice of Award. You are now bound to perform
based upon the solicitation and your Offer, as accepted by the State.	
This Contract shall henceforth be referred to as Contract Number ED06-0047-	03
You are hereby cautioned not to commence any billable work or provide a contract until you receive an executed purchase order, contract release document	

State of Arizona

Awarded this

Douglas C. Peeples, MBA, CPPB, CPCM Procurement Director

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	*130 ee	180	#21,600
EDP:	Emotional Disability/Separate Facility of Private School	120	180	21/00
HI:	Hearing Impairment			<u> </u>
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-S	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR	: Mild Mental Retardation	120	180	3) (50
MOMF	R:Moderate Mental Retardation	120	180	-21 (00)
OHI:	Other Health Impairment	130	180	21,680
OI:	Orthopedic Impairment		1 90	=1,005
PMD:	Preschool-Moderate Delay			- ^
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay		**	
SLD:	Specific Learning Disability	120	180	<u>>\</u>
SLI	Speech/Language Impairment	190	180	21,000
SMR:	Severe Mental Retardation	10.0	1965	ou , 600
TBI:	Traumatic Brain Injury			
	Visual Impairment			

If payment is made within	calendar	days	after	acceptance	of	goods	and/or	services	the	above	anoted	nrice
excluding sales tax, shall be discounted by _	<u>Ø</u> _%	(Re	efer to	Uniform Ins	truc	tions T	o Offer	ors for dis	coun	it requir	ements.)	рисе,)

Please complete entire form as appropriate.

Related Services	Available	i	uded in y Rate	Rate/unit (if not included)
Speech/Language Therapy	(Y) N	Y	(N)	#16Sperhou
Occupational Therapy	Y N	Υ	N	#65 per he
Physical Therapy	Y N	Y	(N)	*65per hr
Audiology	YN	Υ	(N)	7
Pre-vocation/Vocational	Y (N)	Y	(N)	
Counseling/Guidance for Students	Y N	Υ	(N)	#80 per he
Parent Counseling and Training	Y N	Υ	(N)	#80 per hu.
Psychoeducational Assessments	Y N	Y	N	*650 BD
Psychological Services	(Y) N	Υ	(N)	\$120 per h.
Recreation	YN	Y	(N)	
School Health Services	YN	Υ	(N)	
Medical	Y (N)	Y	3	·
Transportation	Y N	Y	(Z)	\$25 por dox
Other:	YN	Y	(N)	To po
Other:	YN	Υ	(N)	
Other:	YN	Υ	N	
Extended School Year	(Y) N	Y	(N)	\$120 perday

Circle all grades for which you are approved:

PreK (K) 1) 2 3 4 5 6 7 8 9 10 11 12







ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

	Fray Education Pr Evioral Health Hos	~		Patricia Little-Upah	7
Company Name			Name	of Person Authorized to Sig	n Offer
7575 East Ea Street Address	rll Drive		Λ <u></u>	Chief Executive Office Title of Authorized Perso	
Scottsdale	Arizona	85251	Palu	ere Linto. Uza	512-06
City	State	Zip Code	Signati	ure of Authorized Person	Date of Offer
Telephone Numb	per: 480-941-7	7558 Fa	csimile Number:	480-941-7614	
Offeror's Arizon	a Transaction (Sales) I	Privilege Tax License	Number:	See Attached	
Offeror's Federa	l Employer Identificati	on Number:		27-0036480	
(Offeror acknowledge) ment(s) to the So	nt of Amendment(s): ledges receipt of amen licitation for Offers an ts numbered and dated	d- May	lment No. Date 10, 2006	Amendment No.	Date
	ACCEPT	and the second second second particles and the second second second second second second second second second	R AND CONI	TRACT AWARD	
	1 <u>5-/2-06</u> , is dicitation and your Of			otice of Award. You are no	ow bound to perform
This Contract sha	all henceforth be referr	ed to as Contract Nun	nber ED06-0047- _	04.	
You are hereby	cautioned not to com	mence any billable y	vork or provide a	any material, service or con	nstruction under this

State of Arizona

contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

- 13. Payment. The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
- 16. Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

<u>Howard S. Gray Education Program @ Banner Behavioral Health Hospital - Scottsdale</u> (Company Name)

7575 East Earll Drive
(Street Address)
Scottsdale, Arizon 85251
(City & State) (Zip Code)

17. Contractor representative to contact for contract administration purposes:

	7575 East Ea (Street	arll <u>Drive</u> Address)	
Scot	tsdale, Arizona	85251	
(City	& State)	(Zip Code)	
480-941-	7575 F	AX: 480-941-5558	
	(Telephone & Fa	csimile Numbers)	
	Pat.little@ba	nnerhealth.com	
	(E-mail	Address)	

Patricia Little-Upah Chief Executive Officer
(Name and Title)

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	\$115.00	181	*
EDP:	Emotional Disability/Separate Facility of Private School	\$ 115.00	181	*
HI:	Hearing Impairment			
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SS	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR:	Mild Mental Retardation			
MOMR	R:Moderate Mental Retardation			
OHI:	Other Health Impairment	\$ 115.00	181	*
OI:	Orthopedic Impairment			
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability	\$ 115.00	181	*
SLI	Speech/Language Impairment	1		
SMR:	Severe Mental Retardation			
тві:	Traumatic Brain Injury			
VI:	Visual Impairment	e een were en en en een een e		
Alterna	tive General Education: for At-Risk students	North Control of the		

If payment is made within	calendar	days	after	acceptance	of	goods	and/or	services,	the	above	quoted	price
excluding sales tax, shall be discounted by	%	5. (Re	fer to	Uniform Ins	truc	tions T	o Offero	ors for disc	coun	t requir	ements.)	ı

^{*}Gray Education Program bills for all days in attendance and up to 5 consecutive day of absence. Thereafter, charges will not resume until the student resumes attending. Annual tuition for a student who attends every day would be \$20,815.00.

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy (full eval. \$300.00)	Y	N	\$25.00/unit
Occupational Therapy (full eval 220.00)	Υ	N	\$22.50/unit
Physical Therapy	N	N	
Audiology	N	N	
Pre-vocation/Vocational	N	N	
Counseling/Guidance for Students	Υ	N	\$25.00/unit
Parent Counseling and Training	N	N	
Psychoeducational Assessments	N	N	
Psychological Services	Υ	N	\$100.00/hr
Recreation	Υ	Υ	
School Health Services	Υ	Y	
Medical	N	N	
Transportation (Available only to contracted districts)	Y	N	\$45.00/day
Other: Psychiatric Services	Υ	N	\$145.00/hr.
Other: Social Work Services	Υ	N	\$75.00/hr.
Other:			
Extended School Year (selected dates in June, July, & August)	Y	N	\$75.00/day

Circle all grades for which you are approved:

PreK K

(4) (5) (6) (7) (8) (9) (10) (11)

2006-2007 Fee Schedules for Howard S. Gray Education Program

Basic fee for Education

\$ 115.00 per day

Ral	hate	Serv	mood
1/CI	attu	Del.	vices

Fee

Speech/Language Therapy-Full Evaluation

\$300.00 / evaluation

Direct Speech/Language therapy service

\$ 25.00 / unit (unit= 15 Min.)

Occupation Therapy Services

\$ 22.50 / unit (unit= 15 min.)

\$ 220.00 / Evaluation

Personal Counseling

\$25.00 / unit (unit= 15 min.)

Psychological Services

\$100.00 / hour

Psychiatric Services

\$145.00 / hour

Social Work Services

\$ 75.00 / hour

Extended School Year

\$75.00 / day

Transportation

\$45.00 / day



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or cons-	truction in compliance with all the terms,
conditions, specifications and amendments in the solicitation.	-

Nellie P. Covert School	Shelly Kilmer
Company Name	Name of Person Authorized to Sign Offer
2700 S. 8th Avenue	Principal
Street Address	Title of Authorized Person
Tueson AZ 85713	Shelly Wilmer
City State Zip Cod	e Signature of Authorized Person Date of Offer
Telephone Number: 520-632-761	Facsimile Number: 520-624-4885
Offeror's Arizona Transaction (Sales) Privilege Tax l	License Number:
Offeror's Federal Employer Identification Number:	860096772
Acknowledgement of Amendment(s):	Amendment No. Date Amendment No. Date
(Offeror acknowledges receipt of amend- ment(s) to the Solicitation for Offers and	
related documents numbered and dated	
	OTTER AND CONTRACTE AWARD

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only

Your Offer, dated <u>5-26-06</u>, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-05.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _

Douglas C. Peeples, MAA, CPPB, CPCM

Procurement Director

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	105.00	180	18 900
EDP:	Emotional Disability/Separate Facility of Private School	105.00	180	18. 900
HI:	Hearing Impairment			
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SS	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR:	: Mild Mental Retardation	105.00	180	18,900
MOME	R: Moderate Mental Retardation	105.00	180	18, 900
OHI:	Other Health Impairment	105.00	180	18 900
OI:	Orthopedic Impairment			
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			****
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability	105.00	180	18,900
SLI	Speech/Language Impairment			
SMR:	Severe Mental Retardation		· · · · · · · · · · · · · · · · · · ·	
TBI:	Traumatic Brain Injury			
VI:	Visual Impairment			
Alterna	ative General Education: for At-Risk students	105.00	/80	18 900

If payment is made within	calendar	days	after	acceptance	of good	ls and/or	services,	the abo	ve quoted	price,
excluding sales tax, shall be discounted by	<u>N/A-</u> %	. (Re	fer to	Uniform Ins	tructions	To Offer	ors for dis	count rec	quirements)

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	Y (N)	Y N	
Occupational Therapy	Y (N)	Y N	
Physical Therapy	Y (N)	Y N	
Audiology	Y (N)	Y N	
Pre-vocation/Vocational	Y N	Y N	
Counseling/Guidance for Students	Y N	Y N	
Parent Counseling and Training	Y (N)	Y N	
Psychoeducational Assessments	Y N	Y N	
Psychological Services	Y (N)	Y N	
Recreation	Y N	Y N	
School Health Services	(Y) N	(Y) N	
Medical	Y (N)	Y N	
Transportation	Y (N)	Y N	
Other:	Y N	Y N	
Other:	Y N	Y N	
Other:	Y N	Y N	
Extended School Year	Y N	Y N	105.00

Circle all grades for which you are approved:

PreK K 1 2 3	4 5	6 7 8	9 10	11 (12)
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ARIZONA DEPARTMENT OF EDUCATION Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Gompers Center, Inc. Company Name 6601 N. 27th Ave. Street Address Phoenix AZ 850	Name of Title of	Person Authorized to Sign Offer CUTIVE THE COMPA
City State Zip Cod	le Signatur	e of Authorized Person Date of Offer
Telephone Number: 602. 336. 006	Facsimil	e Number: <u>602 · 336, 02</u> 49
Offeror's Arizona Transaction (Sales) Privilege Tax	License Number:	
Offeror's Federal Employer Identification Number:		86-0098909
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated	Amendment No. Date	Amendment No. Date
	OFFER AND CONTI	RACTAWARD

Your Offer, dated <u>6-26-66</u> is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 06.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this

Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13.	Payment.	The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon
	verification b	y the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth
		of Work or specifications.

- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

16.	Mailing of Payments. Award Form.	Address to which payment :	should be mailed, if different than that listed on the Offer and
		(Compan	y Name)
		(Street A	Address)
	•	(City & State)	(Zip Code)

17. Contractor representative to contact for contract administration purposes:

Mark Jacoby, Assistant Executive Director
(Name and Title)
6601 N. 21th. Avenue
(Street Address)
Phoenix, At 85017 (City & State) (Zip Code)
(may 2 may)
(Telephone & Facsimile Numbers)
mjacoby@gomperscenter.org

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	1	aily Rate	Days in	,	Annual Rate
-		1 1	categories	Calendar	ai	1 Categories
A:	Autism	#	14500	181	7	26,245
EDP:	Emotional Disability/Separate Facility of Private School	· .	N/A	NA		NIA
HI:	Hearing Impairment		N/A	N/A		N/A
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED		, , , , , , , , , , , , , , , , , , , 			
MD-S	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED					
MIMR:	: Mild Mental Retardation					
MOMF	R: Moderate Mental Retardation					
OHI:	Other Health Impairment					
OI:	Orthopedic Impairment					
PMD:	Preschool-Moderate Delay .		NA	NIA		NA
PSD:	Preschool-Severe Delay		NA	D/A	_	NIA
PSL:	Preschool-Speech/Language Delay		V/A	NA		N/A
SLD:	Specific Learning Disability		N/A-	N/A	\neg	NA
SLI	Speech/Language Impairment - only as a re	late		Vice	\neg	
SMR:	Severe Mental Retardation				_	
TBI:	Traumatic Brain Injury					
VI:	Visual Impairment	W	/n	N/A	\dashv	a)/A
		'				Pr (
Alterna	tive General Education: for At-Risk students	4	N/n	11/2		7014

Please complete entire form as appropriate.

Related Services	Avail	able	Inclu	ded in	Rate/unit (if
			1	/ Rate	not included)
Speech/Language Therapy	(Y)	N	Υ	(N)	#7500 hour
Occupational Therapy	(Y)	N	Υ	(N)	70° hour
Physical Therapy	(Y)	N	Υ	(N)	70° hour
Audiology	Y	(N)	YAU	A N	70 11001
Pre-vocation/Vocational Transition Services	(Y)	N	Υ	(N)	\$ 5000 Over 3hrs.
Counseling/Guidance for Students	Υ	(N)	YDA	7 N	10 00 10 311/2
Parent Counseling and Training (Informal)	Y	(N)	Y N/	⁹ N	-
Psychoeducational Assessments	Υ	N)	Y # if	N	
Psychological Services	Υ	(N)	YN/	# N	
Recreation (Therapeutic)	(Y)	N	Υ	$\langle \hat{N} \rangle$	650 hour
School Health Services	(\widetilde{Y})	N	(Y)	N	W 2 110W
Medical	Y	(N)	Y N/	4 N	
Transportation	Y	$\widetilde{\mathbb{N}}$	YN/A	N	
Other: Music Therapy	(Y)	N	Υ	(N)	50°°
Other: Music Therapy Other: Therapy Evaluations	Ŷ	N	Υ	(N)	Applicable hourly
Other: One on One Paraprofessional	(Y)	N	Υ	(N)	#9700
Extended School Year	(Y)	N	Y	(N)	120 perday

Circle all grades for which you are approved:

	PreK (K)	1	2	(3)	4	(5)	6	(7)	(8)	(9)	(10)	(11)	(12
--	----------	---	---	-----	---	-----	---	-----	-----	-----	------	------	-----

Effective August 14, 2006 through July 27, 2007

1. SERVICES FEE SCHEDULE: Gompers Private Special Education School

Disabilities	Daily Rate		Yearly. Rate
All Categories	Cost	Days In Schedule	Yearly Cost (cost times days)
•	\$145.00	181	\$26,245

2. RELATED SERVICES FEE SCHEDULE: Gompers Private Special Education School Must be written into the student's Individualized Education Plan (IEP)

Service - Direct and/or Indirect	Daily Rate	Hourly Rate
Speech Therapy	N/A	\$75.00
Physical Therapy	N/A	\$70.00
Occupational Therapy	N/A	\$70.00
Therapeutic Recreation	N/A	\$65.00
Music Therapy	N/A	\$50.00
Therapy Evaluation	Applicable hourly Therapy rate times : plus \$40.00	B N/A
Extended School Year	\$120.00	N/A
One on One Aid	\$97.00	N/A
ocational Transition Services	\$50.00 - Over 3 Hours \$40.00 - Up to 3 Hours	No charge
ehavior Specialist	Included In Basic Tuition	No charge
ealth Screenings (including Denta earing and Vision)	l, Included In Basic Tuition	No Charge
chool Nurse	Included In Basic Tuition	No charge
edicaid Cost Tracking (MIPS)	Included In Basic Tuition	No charge
uarterly Progress Reports	Included In Basic Tuition	No charge

Revised 05.04.06



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

PREHAB OF A	rizona, Inc.			Micha	ael T. Hughes	
Company Name				Name of	Person Authorized to Si	gn Offer
P.O. Box 58	60	. 5		Execu	itive Director	
Street Address				Title of A	uthorized Person	
Mesa, AZ 85	211-5860			NY	OTT les	5.26.06
City	State	Zip Code	•	Signature	of Authorized Person	Date of Offer
Telephone Numbe	r: 48 <u>0.969.4024</u>			Facsimile	Number: <u>480</u> .	969.0039
Offeror's Arizona	Transaction (Sales) Privi	lege Tax L	icense Number:	-		
			icense Number:	-	86-0256667	

Your Offer, dated 5-26-06 is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-07.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _

, 2006

Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

- 13. Payment. The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
- 16. Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

PREHAB of Arizon	na, Inc.
(Company N	lame)
P.O. Box 5860	
(Street Add	ress)
Mesa, AZ 85211-5	5860
(City & State)	(Zip Code)

17. Contractor representative to contact for contract administration purposes:

Gary Brennan, Vice President of Operations
(Name and Title)

P.O. Box 5860
(Street Address)

Mesa, AZ 85211-5860
(City & State) (Zip Code)

480.969.4024/480.969.0039
(Telephone & Facsimile Numbers)
gbrennan@prehab.org
(E-mail Address)

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

. 	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism		·	
EDP:	Emotional Disability/Separate Facility of Private School	K-8 98.39 9-12100.23	199	19,579.61 19,945.77
HI:	Hearing Impairment			
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SS	I: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR:	Mild Mental Retardation			
MOMR	:Moderate Mental Retardation			
OHI:	Other Health Impairment			
OI:	Orthopedic Impairment			
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay			:
SLD:	Specific Learning Disability	K-8-35.00 9-12-35.00	199	6,965
SLI	Speech/Language Impairment			
SMR:	Severe Mental Retardation			
TBI:	Traumatic Brain Injury			
VI:	Visual Impairment			
Altern	ative General Education: for At-Risk students			

If payment is made within	30	calendar	days	after	acceptance	of g	goods	and/or	services,	the	above	quoted	price,
excluding sales tax, shall be disc	ounted by	0_%	. (Re	fer to	Uniform Ins	truct	ions T	o Offer	ors for dis	coun	it requir	ements.)

Please complete entire form as appropriate.

Related Services	Avai	lable	Includ		Rate/unit (if
	 		Daily		not included)
Speech/Language Therapy	(Y)	N	(Y)	N	
Occupational Therapy	Y	N	Υ	N	
Physical Therapy	Y	(N)	Υ	N	
Audiology	Y	(N)	Υ	N	
Pre-vocation/Vocational	Y	N)	Υ	N	
Counseling/Guidance for Students	Y	N	(Y)	N	
Parent Counseling and Training	Y	(N)	Y	N	
Psychoeducational Assessments	Υ	N	Υ	_N	
Psychological Services	Y	(N)	Y	N	
Recreation		N	(Y)	N	
School Health Services	(y)	N	(4)	N	
Medical	Υ	(N)	Y	N	
Transportation	Y.	(N)	Υ	N	
Other:	Υ	(N)	Υ	N	
Other:	Y	(N)	Y	N	
Other:	Υ	(N)	Υ	N	
Extended School Year	Υ	(N)	Y	N	

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 7 8 9 10 11 12



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

•					
Company Name 1300 N. 774 St. Street Address Scotts de le AZ 852 City State Zip Co	CADEMY ST. ode 112 Ext 10	Name of Person EXECU Title of Authoriz Signature of Aut Facsimile Number	red Person Shaw horized Person	HILL ign Offer DINECTO Date of	
Offeror's Arizona Transaction (Sales) Privilege Ta					•
Offeror's Federal Employer Identification Number	:	86-	02/57	81	
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amend- ment(s) to the Solicitation for Offers and related documents numbered and dated	Amendment No.	Date 6	Amendment No	o. Date	
ACCEPTANCE OF	OFFER AND		AWARD		
	o ant y a main sa				

Your Offer, dated 5-26-06 is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-08

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this

, 2000

Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism			
EDP:	Emotional Disability/Separate Facility of Private School			
HI:	Hearing Impairment		·	
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-S	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR	Mild Mental Retardation			
MOMF	R:Moderate Mental Retardation	-	*******	
оні:	Other Health Impairment			
OI:	Orthopedic Impairment			
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay		·-····	****
SLD:	Specific Learning Disability	# 140	180	\$ 25 am
SLI	Speech/Language Impairment	\$ 140	180	6 75 000
SMR:	Severe Mental Retardation			# 02,000
TBI:	Traumatic Brain Injury			
VI:	Visual Impairment			
	The proof of the p		Control of the state of the sta	
Alterna	tive General Education: for At-Risk students			
-				

If payment is made within	NIA												
		_ calendar	days	after	acceptance	of	goods	and/or	services.	the	above	auoted	price.
excluding sales tax, shall be	ediscounted by	9⁄	6. (Re	fer to	Uniform Ins	truc	ctions T	o Offer	ors for dis	coun	t requir	ements.).).

ATTACHMENT 6.1 DEESCHEDULEPAREL

Please complete entire form as appropriate.

Related Services		Ava	ilable	Inclu	ided in	Rate/unit (if
				Dai	y Rate	not included)
Speech/Language Therapy	f	100	N	\(\forall \)	N	
Occupational Therapy		(x)	N .	V	N	
Physical Therapy		Υ	(N)	Υ	(N)	
Audiology		Y	(N)	Υ	N	
Pre-vocation/Vocational		(Ý)	N	(v)	N	
Counseling/Guidance for Students		8	N	(Y)	N	
Parent Counseling and Training		(Y)	N	(Y)	N	
Psychoeducational Assessments	1.	(P)	N	(2)	N	77
Psychological Services	٠	(F)	N	(Y)	N	
Recreation		Y	(Ŋ)	Υ	(N)	
School Health Services	-	Υ	(N)	Υ	(Ñ)	
Medical		Υ	N	Υ	(N)	
Transportation		Υ	N	Υ	N	
Other:		Υ	N	Υ	N	
Other:		Y	N	Υ	N	
Other:	÷	Y	N	Υ	N	
Extended School Year	*	(Y)	N	Υ	N)	\$11/Y 000

Circle all grades for which you are approved:

PreK K)
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ARIZONA DEPARTMENT OF EDUCATION

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, conditions, specifications and amendments in the solicitation.	service(s) or construction in compliance with all the terms,
Life Development Institute	Rob Crawford
Company Name	Name of Person Authorized to Sign Offer
18001 N. 79th Avenue Ste: E-71	Chief Executive Officer
Street Address	Title of Authorized Person
Glendale AZ 85308	M (mf 5/1/0
City State Zip Code	Signature of Authorized Person Date of Offer
Telephone Number: (623) 773-2774	Facsimile Number: (623) 773 - 2788
Offeror's Arizona Transaction (Sales) Privilege Tax License Number	er: <u>see attached</u>
Offeror's Federal Employer Identification Number:	86 - 0456403
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amend- ment(s) to the Solicitation for Offers and related documents numbered and dated Amendment N ———————————————————————————————————	No. Date Amendment No. Date
ACCEPTANCE OF OFFER AN (For State of Arizona	

Your Offer, dated <u>5-/-06</u>, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-09.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

1

SECTION 2

SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section

1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

- 13. Payment. The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
- 16. Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

<u>Life Pevelopment Institute</u> (Company Name)	(same)
(Street Address)	. *
(City & State) (Zip Code)	

17.

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	\$90	180	\$ 16200
EDP:	Emotional Disability/Separate Facility of Private School	# 90	180	\$ 16200
HI:	Hearing Impairment	7-	10-	\$ 10,Z00
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED		·	-
MD-S	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR	: Mild Mental Retardation	\$90	180	\$ 16200
МОМЕ	R: Moderate Mental Retardation	_ 47 / -	100	W 1 41100
OHI:	Other Health Impairment	\$90	180	\$ 16200
Ol:	Orthopedic Impairment	- 4	10-	# W/XCC
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability	\$ 90	180	\$ 16200
SLI	Speech/Language Impairment			,
SMR:	Severe Mental Retardation			
TBI:	Traumatic Brain Injury	\$590	180	16200
VI:	Visual Impairment	70	100	10,000
	and the state of t			
Alterna	ative General Education: for At-Risk students	- I Administrative	manus C. mrs of the creation in the debt 2008(1952) 559(4)	namentalisma operativity i protesta populari (1886). 1990 (1992). 1990 (1992)

If payment is made within	calendar	days	after	acceptance	of	goods	and/or	services.	the	above	auoted	price.
excluding sales tax, shall be discounted by _	%	. (Re	efer to	Uniform Ins	truc	tions T	o Offer	ors for dis	cour	t requir	ements.)

Please complete entire form as appropriate.

Related Services	Available	Included in	Rate/unit (if
		Daily Rate	not included)
Speech/Language Therapy	Y (N)	Y N	e e
Occupational Therapy	Y (N)	Y (N)	
Physical Therapy	Y (N)	Y (N)	
Audiology	Y (N)	Y (N)	
Pre-vocation/Vocational	(Ŷ) N	(Ý) N	
Counseling/Guidance for Students	(Ŷ) N	(Ŷ) N	
Parent Counseling and Training	YN	Y (N)	
Psychoeducational Assessments	Y N	Y (N)	
Psychological Services	Y (N)	Y (N)	
Recreation	(Ŷ) N	(Y) N	
School Health Services	Y (N)	Y (N)	
Medical	Y (N)	Y (N)	
Transportation	Y (N)	Y (N)	
Other:	YN	Y N	
Other:	YN	Y N	
Other:	YN	Y N	
Extended School Year	Y (N)	Y (N)	

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 7 8 9 (10) (11) (12)



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

	ters for Compre		ation and Life-Sk					
Company Name	ATON SCHOOL, IN	Connie F. Laird						
Company Name		lis.	Name of Person Authorized to Sign Offer					
10251 N. 35th Ave.			Executive Director					
Street Address			Title of Authorized Person					
DL	177	05051		100		1 Elin		
Phoenix City	AZ State	85051 Zip Code	Stanatura at A	CEX 1	X aux	<u> </u>		
City	State	Zip Code	Signature of A	luthorizeer.	Person	Date of Offer		
Telephone Number	: 602 995 73 66	····	Facsimile Nun	nber:	602 995 0)867		
Offeror's Arizona	Fransaction (Sales) Pri	vilege Tax License	Number: cert	ificate	attached	· .		
Offeror's Federal Employer Identification Number:			95-34	95-349-7070				
ment(s) to the Solic	of Amendment(s): lges receipt of amend- itation for Offers and numbered and dated	Amend	ment No. Date	Amend	lment No. Dat	e 		
	ACCEPTAI		R AND CONTRAC Arizona Use Only)	T AWAI	RD			
based upon the solic	citation and your Offer	, as accepted by the			ou are now be	ound to perform		
This Contract shall	henceforth be referred	to as Contract Num	iber ED06-0047- <u>//</u>					
You are hereby can contract until you re	utioned not to comme eceive an executed pure	ence any billable w chase order, contrac	ork or provide any mate et release document, or w	erial, servio	ce or constructe to proceed, is	ation under this f applicable.		
		State o	of Arizona					

Awarded this _

2006.

Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

SECTION 2

SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

- 13. Payment. The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

16.	Mailing of Payments. Award Form.	Address to which payment	should be mailed, if different than that listed on	the Offer and
-		(Compan	y Name)	
		(Street A	ddress)	
		(City & State)	(Zip Code)	

17. Contractor representative to contact for contract administration purposes:

•	I . I
Connie F. Laird,	Executive Director
(Name and	Title)
10251 N. 35th A	ve.
(Street Ad	dress)
Phoenix, AZ 8505	1
(City & State)	(Zip Code)
602 995 7366, 6	02 995 0867
(Telephone & Facsi	mile Numbers)
claird@accel.org	
(E-mail Ad	(dress)

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	186.11	180	33,500.
EDP:	Emotional Disability/Separate Facility of Private School	171.67	180	30,900.
HI:	Hearing Impairment			
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	please see	attached	
MD-SS	I: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	please see	attached	
MIMR:	Mild Mental Retardation	171.67	180	30,900.
MOMR	:Moderate Mental Retardation	177,78	180	32,000.
OHI:	Other Health Impairment	164.45	180	29,600.
OI:	Orthopedic Impairment	164.45	180	29,600.
PMD:	Preschool-Moderate Delay	112,22	180	20,200.
PSD:	Preschool-Severe Delay	125,00	180	22,500.
PSL:	Preschool-Speech/Language Delay	112.22	180	20,200.
SLD:	Specific Learning Disability	164.45	180	29,600.
SLI	Speech/Language Impairment	164.45	180	29,600.
SMR:	Severe Mental Retardation	164.45	180	29,600.
TBI:	Traumatic Brain Injury	164.45	180	29,600.
VI:	Visual Impairment	164.45	180	29,600.
Alterna	ative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____ n/a__ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ACCEL is entering its 27th year of operation. All teachers meet the certification requirements of ADE. In addition, in order to receive ADE approval of private schools, our liability insurance and curriculum guides have been submitted to ADE and meet standards for promotion and graduation. ACCEL is approved by the Arizona Department of Education, licensed by the Arizona Department of Health Services, and a member of the National Association of Private Special Education Centers (NAPSEC).

The 2006/2007 tuition rates for all services provided at ACCEL are as follows:

CATEGORY	ANNUAL RATE	A.D.M. BASIS PAYMENT IN 10 BILLINGS	DAILY RATE 180 days
OI,SMR,OHI,TBI, VI,SLI,SLD	\$29,600	\$2,960	\$164.45
EDP,MIMR, MIMR/ED	\$30,900	\$3,090	\$171.67
MDSSI,MOMR	\$32,000	\$3,200	\$177.78
AUTISTIC, MOMR/ED, SMR/ED	\$33,500	\$3,350	\$186.11

The daily rate is prorated only on student entrance month, if late entry. Tuition for the remainder of the year reverts to 10 payment month basis. If early withdrawal takes place, the daily rate will be applied.

Please note that school hours are: 8:30 to 2:45 p.m.

ESY: The following costs are for the 2007 Extended School Year:

OI, SMR, OHI, TBI, VI	\$3,200
MIMR, MIMR/ED, EDP	\$3,300
MDSSI,MOMR	\$3,400
AUTISTIC,MOMR/ED,SMR/ED	\$3,600

Dates of ESY services: June 11, - July 19, 2007. ACCEL will be closed on July 4, 2007.

Please call Connie Laird, Executive Director, (602) 995-7366, if you need further information.

The 2006/2007 SY tuition rates for all services provided at the ACCEL EARLY LEARNING CENTER/ are listed as follows:

CATEGORY	ANNUAL RATE	PAYMENT IN 10 BILLINGS A.D.M. BASIS	DAILY RATE
PSL, PMD	\$20,200.00	\$2,020.00	\$112.22
PSD	\$22,500.00	\$2,250.00	\$125.00

The ACCEL EARLY LEARNING CENTER is entering its 18th year of operation and all teachers meet the certification requirements of ADE. In addition, in order to receive ADE approval for private schools, our liability insurance and curriculum guides have been submitted to ADE and are on file at the State Department.

ACCEL EARLY LEARNING CENTER is affiliated with the following:

Approved by the Arizona Department of Education, licensed by the Arizona Department of Health Services, and a member of the National Association of Private Special Education Centers.

Any further information may be obtained from the Learning Center Director, CHRISTINE HORTON at 602-864-6681.

Daily rate is prorated only on student's entrance month, if late entry occurs. Tuition for the remainder of the year reverts to register month basis. If early withdrawal takes place, daily rate will be applied.

ESY: Extended School Year 2007 Early Learning Center , all categories, PSL, PMD § PSD

\$2,700.00

Dates of ESY services: June 11 - July 19, 2007 - closed July 4, for the $4^{\rm th}$ of July Observance.

ATTACHMENT 6.1 FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available	Included in	Rate/unit (if
		Daily Rate	not included)
Speech/Language Therapy	(∀) N	Y N	
Occupational Therapy	Y N		
Physical Therapy		(Ý) N	
Audiology	Y (N)	Y (N)	
Pre-vocation/Vocational	√ N	√ N	
Counseling/Guidance for Students	Y (N)	Y (N)	
Parent Counseling and Training	Y N	√ N	
Psychoeducational Assessments	Y (N)	Y N	
Psychological Services	√ N		
Recreation	Y N	Y N	
School Health Services	√ N	√ N	
Medical	Y (N)	Y (N)	
Transportation	Y (N)	Y N	
Other: AQUATICS THERAPY		Y N	
Other: THERAPEUTIC HORSEBACK RIDING		Y N	
Other: ADAPTIVE P.E. & MUSIC THERAPY	Ŷ N	Ø N	
Extended School Year		Y (N)	see attached

Circle all grades for which you are approved:

/	PreK K	1	2	3	4	5	6	7	8	9	10	11	12
\							_						

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

COPELOW PROPERTY Company Name	Name of Person Authorized to Sign Offer
1417= 117,440	
Street Address	Title of Authorized Rerson
	Title of Authorized Egrson
City State Zip Code	Signature of Authorized Person Date of Offer
Telephone Number: <u>480-998-107</u> 1	Facsimile Number: 480-998-1040
Offeror's Arizona Transaction (Sales) Privilege Tax License Number:	
Offeror's Federal Employer Identification Number:	20-2689988
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated Amendment No.	. Date Amendment No. Date
ACCEPTANCE OF OFFER AND Wer State of Arizona Us	
Your Offer, dated 5 - 1 - 0 c, is hereby accepted as described i based upon the solicitation and your Offer, as accepted by the State. This Contract shall henceforth be referred to as Contract Number EDO You are hereby cautioned not to commence any billable work or p	in the Notice of Award. You are now bound to perform 6-0047 rovide any material, service or construction under this
Your Offer, dated 5 - 1 - 0 c, is hereby accepted as described i based upon the solicitation and your Offer, as accepted by the State. This Contract shall henceforth be referred to as Contract Number ED0	in the Notice of Award. You are now bound to perform 6-0047 rovide any material, service or construction under this document, or written notice to proceed, if applicable.

1

Procurement Director

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

- 13. Payment. The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

	percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16.	Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.
	(Company Name)
٠	(Street Address)
	(City & State) (Zip Code)
17.	Contractor representative to contact for contract administration purposes:
	O. ROSIN SURTE PEXECUTIVE DIRECTOR

(Name and Title)

14255 M. 76 POXE A-1

(Street Address)

50015 DOX A7, B5260

(City & State) (Zip Code)

480-998-1071 480-998-1046

(Telephone & Facsimile Numbers)

CONTILIANT ACODEMY COX, NOT (E-mail Address)

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	D2) #	120	#27,000
EDP:	Emotional Disability/Separate Facility of Private School	# 150	180	\$27,000
HI:	Hearing Impairment			f
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SS	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR:	Mild Mental Retardation	#150	180	\$27,000
MOME	t:Moderate Mental Retardation			,
OHI:	Other Health Impairment	# 150	180	\$ 27,000
OI:	Orthopedic Impairment			
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability	# 150	180	# 27,000 "
SLI	Speech/Language Impairment	# 150	180	\$ 27,000
SMR:	Severe Mental Retardation			
TBI:	Traumatic Brain Injury			
VI:	Visual Impairment			
		T		
Altern	ative General Education: for At-Risk students			,

If payment is made within	calendar	days	after	acceptance	of g	goods and/o	r services,	the a	bove	quoted	price,
excluding sales tax, shall be discounted by	%	. (Re	fer to	Uniform Ins	struct	ions To Offe	rors for dis	count	require	ements.)	į

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	Y N	YN	# 100/HR
Occupational Therapy	Ŷ N	YN	#128/We.
Physical Therapy	Y N	YN	
Audiology	Y (N)	Y N	
Pre-vocation/Vocational	Y N	YN	
Counseling/Guidance for Students	Ŷ N	YN	#120/HR
Parent Counseling and Training	N N	Ŷ N	
Psychoeducational Assessments		YN	\$250/HR
Psychological Services	Y N	YN	#300 lva
Recreation	Y N	Y N	
School Health Services	N N	Y N	
Medical	Y (N)	Y (N)	
Transportation	Y	Y (N)	
Other: MUSIC THERAPY	N N	Ŷ N	
Other: Doc THERRES	Y N	Ŷ N	
Other: YOOR	Y N	Y N	
Extended School Year	Ø N	Y (N)	ISO DAY

		_				
Circle all	grades	for	which	you	are	approved:

PreK ®		~~		_	_							
PreK (K)	(1)	(2)	(3)	(4)	(5)	(6)	(J)	(8)	(9)	(10)	AD	VIZ/



ATTACHMENT 6.1 FEE SCHEDULE (other charges) Solicitation No. ED06-0047

1. Registration Fee: \$400

2. Admissions Testing Fee: \$100

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION Procurement Section 1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

PHOENIX CENTER FOR EDUCATION Company Name	ALVIN ALLGOO S Name of Person Authorized to Sign Offer
4229 N. 1644 ST. Street Address	EXECUTIVE VICE PRESIDENT
PHOENIX AZ 85016 City State Zip Code	Title of Authorized Person 5/26/c G Signature of Authorized Person Date of Offer
Telephone Number: 602 - 230 - 0010	Facsimile Number: 602 - 265 - 9491
Offeror's Arizona Transaction (Sales) Privilege Tax License Num	aber: 86-0596003
Offeror's Federal Employer Identification Number:	86-0596003
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated Amendment	
ACCEPTANCE OF OFFER AT	ND CONTRACT AWARD ia Use Only)
Your Offer, dated 5-26-06, is hereby accepted as describe based upon the solicitation and your Offer, as accepted by the State	ed in the Notice of Award. You are now bound to perform
This Contract shall henceforth be referred to as Contract Number E	D06-0047-12
You are hereby cautioned not to commence any billable work of contract until you receive an executed purchase order, contract release	or provide any material, service or construction under this ase document, or written notice to proceed, if applicable.

Douglas C. Peeples, MBA, CPPB, CPCM

Awarded this

State of Arizona

Procurement Director

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION **Procurement Section** 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

- The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon 13. Payment. verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
- Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in 14. accordance with the contract terms and conditions and accepted by the LEA.
- Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-15. owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
- Address to which payment should be mailed, if different than that listed on the Offer and 16. Mailing of Payments. Award Form.

PHOENIX CENTER FOR EDUCATION (Company Name) 29 N. 16th STREET
(Street Address)

Contractor representative to contact for contract administration purposes: 17.

> POSEANNA MARTINEZ, DIRECTOR (Name and Title)

> > 4229 N. 16th STREET
> > (Street Address)

(City & State) (Zip Code)

(School) 602-230-0010 (fax) 602-265-9491
(Telephone & Facsimile Numbers)

— rmartin 701@ qwest. net
(E-mail Address)

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category		Daily Rate	Days in Calendar	Annual Rate
A :	Autism	•	\$117.16	184	21557.44
EDP:	Emotional Disability/Separate Facility of Private Sci	nool•	\$117.16	184	21557.44
HI:	Hearing Impairment	•	4 N/A	NIA	N/A
MD:	Multiple Disabilities (Please circle combinations se VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	erved)	\$117.16	184	21557.44
MD-S	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	•	\$ 117.16	184	21557.44
MIMR:	Mild Mental Retardation	,	117.16	184	21557.44
MOMF	R:Moderate Mental Retardation	•	117.16	184	21557,44
OHI:	Other Health Impairment	•	117.16	184	21557.44
<u>):</u>	Orthopedic Impairment	•	117.16	184	21557.44
PMD:	Preschool-Moderate Delay		N/A	N/A	N/A
PSD:	Preschool-Severe Delay		NIA	N/A	N/A
PSL:	Preschool-Speech/Language Delay		NIA	N/A	NIA
SLD:	Specific Learning Disability	•	117.16	184	21557.44
SLI	Speech/Language Impairment	•	117.16	184	21557.44
SMR:	Severe Mental Retardation		N/A	N/A	NIA
TBI:	Traumatic Brain Injury	•	117.16	184	21557.44
VI:	Visual Impairment	•	117.16	184	21557.44
Alterna	tive General Education: for At-Risk students				

If payment is made within	calendar	days	after	acceptance	of s	goods	and/or	services.	the	above	auoted	price
excluding sales tax, shall be discounted by _	%	. (Re	efer to	Uniform Ins	truct	ions T	o Offer	ors for dis	coun	t requir	ements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the vice(s) offered includes all applicable taxes.

ATTACHMENT 6.1 FEE SCHEDULE PART II

ેlease complete entire form as appropriate.

Related Services	Available	Inclu	uded in	Rate/unit (if
		Dail	y Rate	not included)
Speech/Language Therapy	(Y) N	Y	N	\$ 46,35/2
Occupational Therapy	Y (N)	Υ	N	101372
Physical Therapy	Y (N)	Y	(N)	
Audiology	Y (N)	Υ	(N)	
Pre-vocation/Vocational	Y N	Y	N	446.35/840
Counseling/Guidance for Students	(Y) N	Υ	N	\$46.35/12HD
Parent Counseling and Training	Y (N)	Υ	<u>(A)</u>	10135/12412
Psychoeducational Assessments	Y (N)	Υ	(A)	
Psychological Services	YN	Υ	$\widetilde{(N)}$	
Recreation	YN	(Y)	W	INCLUDED
School Health Services	Y N	Y	N)	\$46.35/1/2HZ
*(edical	Y N	Υ	(N)	7727
Transportation	(Y) N	Υ	(N)	
Other:	YN	Y	W	
Other:	YN	Υ	0	
Other:	Y N	Υ	(N)	
Extended School Year	(Y) N	Y	N)	

Circle all grades for which you are approved:

PreK (K) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (
--

2006 - 2007 FEE SCHEDULE

Service	Fee
Special Education Day School	Daily Rate: \$117.16

**DISCOUNT SCHEDULE

 Any district having more than 8 students placed at P.C.E. on any given day will receive a 10% discount on the daily rate for additional students enrolled. See example below:

District A	Mon	Tues	Wed	Thurs	Fri
Students Enrolled	4	6	9	8	10
Daily Rate for Students #1 thru #8	\$117.16 x 4	\$117.16 x 6	\$117.16 x 8	\$117.16 x 8	\$117.16 x 8
Daily Rate for Additional Students (#9 and beyond)			\$105.44 x 1		\$105.44 x 2
Total	\$468.64	\$702.96	\$1042.72	\$937.28	\$1148.16

^{*}Phoenix Center for Education bills monthly based on the space provided for a student during that month which includes absences. Exceptions may be made for early withdrawal and extended absences.

RELATED SERVICES

Transportation	\$46.35 per day	
Speech & Language Therapy	\$46.35 per ½ hour	
Individual Counseling	\$46.35 per ½ hour	_
1:1 Intervention Programming	\$128.75 per day	

SUSPENSION PROGRAM

Service	Fee
Short and Long Term Suspension Program for Special Needs Students	Daily Rate: \$117.16

*Phoenix Center for Education bills monthly based on the space provided for a student during that month which includes absences. Exceptions may be made for early withdrawal and extended absences.

Section I: Required Information

(1) Offer and Award Form

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation:

Company Name 1835 E. Guadalupe I	Rd, Ste.103	Preside	Person Authorized to Sign Offer	
Street Address		<u>Cenpati</u> Tigle of A	ico Berravioral Health LLC	
Tempe,	AZ	85283 X		
City	State	Zip Code Signature	of Authorized Person Date of Of	for
Telephone Number: (480) 456-0942	Facsimile Number:	(480) 456-0956	_
Offeror's Arizona Transac	tion (Sales) Privile	ge Tax License Number:	860782736	
Offeror's Federal Employe	er Identification Nu	mber:	86-0782736	
Acknowledgement of Ame	endment(s):	Amendment No. Date	Amendment No. Date	٠.
rickio wicugement of rink				
(Offeror acknowledges rec	eipt of amend-			
	for Offers and			

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated <u>5-26-66</u> is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-/3

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

1 a tto

Awarded this

Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

2006.

CBHSP Arizona, Inc.
d/b/a Academic Behavioral Alternatives (ABA)

SETTING	EDUCATION FOR SPECIAL EDUCATION SERVICES IN A P	Page 1
Offerors' C	ontact Information	
Moiling of Down and		
Mailing of Payments: Address to which paym	ent should be mailed, if different than that listed on the Offer and Awar	rd Form.
	CBHSP Arizona, Inc. d/b/a/ Academic Behavioral Alternatives	
	(Company Name)	- the state of t
	(Company Times)	
	5402 Payshere Circle	
	(Street Address)	
	Chicago, IL 60674	
	(City & State) (Zip Code)	
		10 m
Cantractor representat	tive to contact for contract administration purposes:	
Contractor representa-	uve to contact for contract administration purposes:	
	Erik Ryan, Director of Schools	
	(Name and Title)	
	1835 E. Guadalupe Rd., Ste.103	
	(Street Address)	
•	Towns A7 05202	
	Tempe, AZ 85283 (City & State) (Zip Code)	
•	(City & State) (Zip Code)	
	Tel: 480-456-0942/FAX: 480-456-0956	
	(Telephone & Facsimile Numbers)	
	eryan@centene.com	
	(E-mail Address)	

Programming & Administrative Contact:

Erik Ryan, M.A. Director of Schools Academic Behavioral Alternatives 1835 E. Guadalupe Rd, Ste.103 Tempe, AZ 85283 (480) 456-0942

School District Quality Improvement and Reporting Contact:

Kelly Freudenthal Assistant Administrator of Schools Academic Behavioral Alternatives 1835 E. Guadalupe Rd., Ste.103 Tempe, AZ 85283 (480) 456-0942

Business Operations Contact:

Jared Huskinson School Business Coordinator Academic Behavioral Alternatives 1835 E. Guadalupe Rd., Ste.103 Tempe, AZ 85283 (480) 456-0942

Corporate Contact and Authorized Signatory:

Sam Donaldson, Ph.D. President and CEO Cenpatico Behavioral Health, LLC 504 Lavaca Street, Ste. 800 Austin, Texas 78701 (512) 406-7200

(2) Completed Attachment 6.1 Fee Schedule Parts I and II

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$199	180	\$35,820
EDP: Emotional Disability/Separate Facility of Private School	\$138	180	\$24,840
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI,OI, HI/SLD, HI/ED, HI, MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$199	180	\$35,820
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	\$138	180	\$24,840
MOMR: Moderate Mental Retardation	\$199	180	\$35,820
OHI: Other Health Impairments	\$138	180	\$24,840
OI: Orthopedic Impairment			-
PMD: Preschool-Moderate Delay			
PSD: Preschool – Severe Delay			<u> </u>
PSL: Preschool – Speech/Language Delay			
SLD: Specific Learning Disorder	\$138	180	\$24,840
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			<u> </u>
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$138	180	\$24,840

If payment is made within ca	endar days after acceptance of goods and/or services, the above quoted price, exch	udina
sales tax, shall be discounted by	%. (Refer to Uniform Instructions To Offerors for discount requirements.)	Jums
· · · · · · · · · · · · · · · · · · ·	(

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Ava	ilable		ded in ARate	Rate/unit (if not included)
Speech/Language Therapy	9	N	Y	N	#100/hr.
Occupational Therapy	8	N	Y	Q	4100/hr.
Physical Therapy	(Y)	N	Y	N	\$100/hr.
Audiology	Υ	(N)	Y	(N)	NA
Pre-vocation/Vocational	(V)	N	Y	(N)	#90/hs.
Counseling/Guidance for Students	8	N	Υ	N	\$90/hc.
Parent Counseling and Training	(P)	N	Y	(N)	890/hr.
Psychoeducational Assessments	0	N	Y	N	\$90/nr.
Psychological Services	8	N	Y	0	#100/hr.
Recreation	Υ	(N)	Υ	(N)	NA
School Health Services	Y	(N)	Y	(Ñ)	NA NA
Medical	Υ	N	Y	N	AA
Transportation	Y	N)	Y	N	NA
Other: One to One Aide - Full day	(((((((((((((N	Y	N	#135/day
Other: One to One Aide . Half way	(V)	N	Y	<u>(N)</u>	\$102/helf.day
Other: One to One Aide + Hourly	(Y)	N	Υ	N	430/mr.
Extended School Year See "fart III" for clarification	<u>(v)</u>	N	Υ	N	095/4117

Circle all grades for which you are approved:

PreK K	(1)	(2)	(3)	(2)		6	a	6	6	40	0	63
	•	9		. 437	759	· ·	W	G.	9	· ·	W	6

(3) Listing of Any Other Charges Not Included on the Fee Schedule

There are no other charges other than those that are identified on the Fee Schedules.

For ESY Services in 2007, the \$95/day rate covers services provided to students identified as ED and/or MIMR; the \$117/day rate covers services provided to students identified as ED/MOMR, MOMR, MD, and A.

It is understood the above tuition rates are "per day per student" tuition rates and do not preclude districts from contracting with ABA for "classroom rates" or "district-based classroom rates" at discounted price. Districts may contract with ABA through district RFPs for classroom or district-based classroom rates apart from this RFP process.

Charges to the District will continue to accrue for the entire period that the student is enrolled in the school program, including periods of absence and suspensions. Upon notice from the school district to terminate services for a student, daily charges for the student will cease to accrue.

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Desert Voices Oral Learning Center Company Name	Linda Malmberg Name of Person Authorized to Sign Offer
3426 E. Shea Blvd. Street Address	Interim Executive Director Title of Authorized Person
Phoenix, AZ 85028	Kinda Malmberg 5/15/06
City State Zip Code	Signature of Authorized Person Date of Offer
Telephone Number: 6 <u>02-224-0598</u>	Facsimile Number: 602-224-2460
Offeror's Arizona Transaction (Sales) Privilege Tax License Number:	N/A
Offeror's Federal Employer Identification Number:	86-0834633
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment (s) to the Solicitation for Offers and related documents numbered and dated Amendment No Amendment No	. Date Amendment No. Date
ACCEPTANCE OF OFFER AND (For State of Artesmold)	
Your Offer, dated <u>5-/5-06</u> , is hereby accepted as described in the solicitation and your Offer, as accepted by the State.	in the Notice of Award. You are now bound to perform
This Contract shall henceforth be referred to as Contract Number ED0	6-0047- <u>/</u> 4
You are hereby cautioned not to commence any billable work or p contract until you receive an executed purchase order, contract release	rovide any material, service or construction under this document, or written notice to proceed, if applicable.

Douglas C. Peeples, MBA, CPPB, CPCM Procurement Director

State of Arizona

2006.

Awarded this

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street Rin #37

1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

- 13. Payment. The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

16.	Mailing of Payments. Award Form.	Address to which payment should be mailed, if different than that listed on the Offer and
* . *		(Company Name)
	· .	(Street Address)
	•	

17. Contractor representative to contact for contract administration purposes:

<u>Linda Malmberg, Interim Exec</u>utive Director (Name and Title)

3426 E. Shea Blvd.
(Street Address)

<u>Phoenix, AZ 85028</u>

(City & State)

(City & State)

(Zip Code)

(Zip Code)

PH: 602-224-0598 FAX: 602-224-2460

(Telephone & Facsimile Numbers)

<u>director@desertvoices.phxcox</u>mail.com (E-mail Address)

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

A: Autism EDP: Emotional Disability/Separate Facility of Private School HI: Hearing Impairment \$99.00 180 \$17,800 MD: Multiple Disabilities (Please circle combinations served) VI/H, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, HI/OI, HI/SLD, HI,MIMR, OI/MOMR, DI/SLD, OI/ED, OI/MIMR, MOMR/ED MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED MIMR: Mild Mental Retardation MOMR: Moderate Mental Retardation OHI: Other Health Impairment OI: Orthopedic Impairment PMD: Preschool-Moderate Delay PSD: Preschool-Severe Delay PSL: Preschool-Seech/Language Delay SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment		Disability Category	Daily Rate	Days in Calendar	Annual Rate
HI: Hearing Impairment \$99.00 180 \$17,800 MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED MIMR: Mild Mental Retardation MOMR: Moderate Mental Retardation OH: Other Health Impairment OI: Orthopedic Impairment PMD: Preschool-Moderate Delay PSD: Preschool-Severe Delay PSL: Preschool-Severe Delay SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	A:	Autism			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED MIMR: Mild Mental Retardation MOMR: Moderate Mental Retardation OHI: Other Health Impairment OI: Orthopedic Impairment PMD: Preschool-Moderate Delay PSD: Preschool-Severe Delay PSL: Preschool-Severe Delay SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	EDP:	Emotional Disability/Separate Facility of Private School			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED MIMR: Mild Mental Retardation MOMR: Moderate Mental Retardation OHI: Other Health Impairment OI: Orthopedic Impairment PMD: Preschool-Moderate Delay PSD: Preschool-Severe Delay PSL: Preschool-Severe Delay SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury Visual Impairment	HI:	Hearing Impairment	\$99.00	180	\$17,800
(Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED MIMR: Mild Mental Retardation MOMR: Moderate Mental Retardation OI: Orthopedic Impairment OI: Orthopedic Impairment PMD: Preschool-Moderate Delay PSD: Preschool-Severe Delay PSL: Preschool-Speech/Language Delay SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	MD:	VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR.			Ţ277000
MOMR: Moderate Mental Retardation OHI: Other Health Impairment OI: Orthopedic Impairment PMD: Preschool-Moderate Delay PSD: Preschool-Severe Delay PSL: Preschool-Speech/Language Delay SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	MD-S	(Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP.			
OHI: Other Health Impairment OI: Orthopedic Impairment PMD: Preschool-Moderate Delay PSD: Preschool-Severe Delay PSL: Preschool-Speech/Language Delay SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	MIMR:	Mild Mental Retardation			· · · · · · · · · · · · · · · · · · ·
OI: Orthopedic Impairment PMD: Preschool-Moderate Delay PSD: Preschool-Severe Delay PSL: Preschool-Speech/Language Delay SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	MOMF	R: Moderate Mental Retardation		3/	
PMD: Preschool-Moderate Delay PSD: Preschool-Severe Delay PSL: Preschool-Speech/Language Delay SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	OHI:	Other Health Impairment			
PSD: Preschool-Severe Delay PSL: Preschool-Speech/Language Delay SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	OI:	Orthopedic Impairment			
PSL: Preschool-Speech/Language Delay SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	PMD:	Preschool-Moderate Delay			
SLD: Specific Learning Disability SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	PSD:	Preschool-Severe Delay			
SLI Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	PSL:	Preschool-Speech/Language Delay		-	
SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment	SLD:	Specific Learning Disability			
TBI: Traumatic Brain Injury VI: Visual Impairment	SLI	Speech/Language Impairment			
VI: Visual Impairment	SMR:	Severe Mental Retardation			
	TBI:	Traumatic Brain Injury			
Alternative General Education: for At-Rick students	/I:	Visual Impairment			
Alternative General Education: for At-Risk students					
The standard of the standard o	lterna	tive General Education: for At-Risk students			1

If payment is made within	calendar	days	after	acceptance	of	goods	and/or	services	the	ahowe	quoted	nrica
excluding sales tax, shall be discounted by	0/0	. Æ	fer to	I Iniform Inc	tena.	tions T	- Occ	BOLVIOUS,	uic	,	quoteu	price,
,		. (166	TOI TO	Official His	u uc	uons 1	o Oner	ors for dis	coun	ıt reauır	ements.))

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Ava	ilable	1	ded in Rate	Rate/unit (if not included)
Speech/Language Therapy	T(Y)	N	(Y)	N	· ·
Occupational Therapy	Y	(N)	Y	N	
Physical Therapy	Υ	(N)	Υ	N.	
Audiology	Υ	(N)	Υ	N	
Pre-vocation/Vocational	Υ	(N)	Υ	N	
Counseling/Guidance for Students	Υ	(N)	Y	N	
Parent Counseling and Training	Y	N	Y	N	
Psychoeducational Assessments	Y	(N)	Y	N	
Psychological Services	Y	(N)	Υ	N	
Recreation	Y	(N)	Y	N	
School Health Services	Υ.	(N)	Υ	N	
Medical	Υ	(N)	Υ	N	
Transportation	Y	(N)	Υ	N	
Other:	Υ	(N)	Υ	N	
Other:	Υ	N	Y	N	
Other:	Y	N	Υ	N	
Extended School Year	(Y)	N	Υ	N	\$1,000/month

Circle all grades for which you are approved:

600								_			4
PreK K	<u>(1)</u>	(2) (3)) 4	5	6	7	8	9	10	11	12

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

conditions, specification	ns and amendme	nts in the soli		rvice(s) or	construction if	і сотриап	ice with all	the terms,
THE CHILDREN'S								
NEURODEVELO	PRMENTAL	STUDIES	•	WEI	UDY FARA	2		
Company Name			_		Person Author		n Offer	
5430 W. GLENN	DRIVE		_	CLIN	ICAL DIR	ECTOR		
Street Address	·			Title of A	Authorized Pers	on		
GLENDALE	AZ		_	a	2/	-	5-22	-06
City	State	Zip Cod	e · ·	Signature	of Authorized	Person	Date	of Offer
Telephone Number:	623-915	-0345	-	Facsimile	Number:	623-	937-5	5425
Offeror's Arizona Trans	saction (Sales) Pr	rivilege Tax I	License Number:	-				
Offeror's Federal Emple	oyer Identificatio	on Number:		-	86-035	7350		
Acknowledgement of A (Offeror acknowledges a ment(s) to the Solicitation related documents number 1)	receipt of amend on for Offers and	<u>!</u> _	Amendment No.	Date	Amend	dment No.	Date	
	ACCEPTA		OFFER AND r State of Arizona Use		RACT AWA	RD		
	- 1							
Your Offer, dated <u>\$-</u> based upon the solicitati	22-06, is h on and your Offe	ereby accepter, as accepted	ed as described in d by the State.	the Notic	ce of Award.	You are no	w bound t	o perform
This Contract shall hence	cforth be referre	d to as Contra	act Number ED0 6	-0047- <u>人</u>	<u>5</u>			

State of Arizona

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

Awarded this _

14.1.

2006.

Douglas C. Peeples, MBA, CHPB, CPCM Procurement Director

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13.	Payment.	The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon
	verification by	y the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth
		of Work or specifications.

- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

	requirements.				
16.	Mailing of Payments. Award Form.	Address to which payment should b	e mailed, if diffe	rent than that liste	ed on the Offer and
		(Company Name)	l		
		(Street Address)			
	4	(City & State)	(Zip Code)		

17. Contractor representative to contact for contract administration purposes:

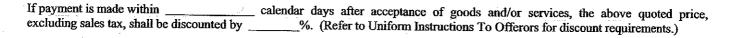
WENDY FAR	RIC	UNICAL	DIRECTO	R
(Name ar				
5430 W. GLEI	UN DA	CIVE		
(Street A	ddress)			
GLENDALE	AZ	85301		
(City & State)		(Zip Code)		
(City & State) 623-915-0345	623	937-542	25	
(Telephone & Fac		•		
educationatheo	hildrei	ns centera	2.019	
(E-mail A	ddress)		Į.	

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A :	Autism	\$ 165.00	180	829,765
EDP:	Emotional Disability/Separate Facility of Private School	\$ 165.00	180	\$29,765
HI:	Hearing Impairment	N/A	NA	N/A
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI, MIMR, OI/MOMB, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	8 165.00	180	82.9,765
MD-SS	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP SHI/MOMR(OI/SLD)OI/ED,OI/MIMR MOMR/ED	\$165.00	180	⁸ 29,765
MIMR:	Mild Mental Retardation	8 165.00	180	\$ 29,765
MOMR	R:Moderate Mental Retardation	\$ 165-00	180	829,765
OHI:	Other Health Impairment	8 165.00	180	\$ 29,765
OI:	Orthopedic Impairment	B165.00	180	829,765
PMD:	Preschool-Moderate Delay	\$ 135.00	180	\$ 24,300
PSD:	Preschool-Severe Delay	B 135.00	180	8 24, 300
PSL:	Preschool-Speech/Language Delay	8 135.00	180	\$24,300
SLD:	Specific Learning Disability	\$ 165.00	180	829,765
SLI	Speech/Language Impairment	NA	N/A	N/A
SMR:	Severe Mental Retardation	\$165.00		E29,765
ГВІ:	Traumatic Brain Injury	NA	N/A	NA
	Visual Impairment	NIR	NA	NA



Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available	Included in	Rate/unit (if
		Daily Rate	not included)
Speech/Language Therapy	(Y) N	N N	****
Occupational Therapy	(Y) N	₹ N	
Physical Therapy	Y (N)	Y (N)	
Audiology	Y N	Y (N)	
Pre-vocation/Vocational	Y N	(Y) N	
Counseling/Guidance for Students	Y (N)	Y (N)	
Parent Counseling and Training	Ø N	(Y) N	
Psychoeducational Assessments	Y (N)	Y (N)	
Psychological Services	Y (N)	Y (N)	
Recreation (RECREATION THERAPY)	Y N	(Y) N	
School Health Services	Y (N)	Y (N)	
Medical	Y (N)	Y (N)	
Transportation	Y (N)	YN	
Other: MUSIC THERRPY	(Y) N	(Y) N	
Other: HORTICULTURE THERAPY	(Y) N	Y N	
Other: THERAPEUNC HORSEBACK RIDING	(Y) N	Y) N	
Extended School Year	(Y) N	Y (N)	\$165 P/DAY
OTHER: ONE ON ONE AIDE	(Y) N	y (N) &	8165 P/DAY 814.00 P/HOUR
Circle all grades for which you are approved:		′	
PreK K 1 2 3 4 5	6) (7) (8)	9 (10)	11 12

OFFER AND AWARD



related documents numbered and dated

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnic conditions, specifications and amendments in the s	ish the materials, solicitation.	service(s) o	r construction i	n compliance with all the te	rms,
St. Michaels Association for					-
Special Education, Inc.		Gillis	s Chapela		
Company Name		Name of	Person Author	ized to Sign Offer	_
P.O. Box 100 - Mustang Road	<u>. </u>	Execut	cive Direc	tor	
Street Address		Title of A	uthorized Pers	on	_
St. Michaels, Arizona 86511	e de la composición de la composición La composición de la	Su	in the	sela 5/23/0C	
City State Zip Coo	de	Signature	of Authorized		-
Telephone Number: 928-871-2800	· -	Facsimile	Number:	928-871-2837	
Offeror's Arizona Transaction (Sales) Privilege Tax	License Number:	_	None		
Offeror's Federal Employer Identification Number:		_	86-0224865	5	
Acknowledgement of Amendment(s): Offeror acknowledges receipt of amend- nent(s) to the Solicitation for Offers and	Amendment No.	Date	Amend	ment No. Date	

ACCEPTANCE OF OFFER AND CONTRACT AWARD

Your Offer, dated 5-23-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED08-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A;	Autiem	\$200.00	180	\$36,000
EDP:	Emotional Disability/Separate Facility of Private School			
HI:	Hearing Impairment	\$200.00	180	\$36,000
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMP VI/ODVI/SLD, VI/ED, VI/MIMR, HI/MOMP HI/ODHI/SLD, HI/ED HI MIMED (DVMOMP) OI/SLD, OI/ED, OVMIMP MOMP/ED	\$200.00	180	\$36,000
MD-SS	I: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) \$VI/SHI,(\$VI/MOMR)(\$VI/SMR)(\$VI/EDP, \$HI/MOMB) OI/SLD, OI/ED,QI/MIMR) MOMR/ED	\$200.00	180	\$36,000
MIMR:	Mild Mental Retardation	5200.00	180	\$36,000
MOMR	Moderate Mental Retardation	\$200.00	180	\$36,000
OHI:	Other Health Impairment	\$200.00	180	\$36,000
OI:	Orthopedic Impairment	\$200.00	180	\$36,000
PMD:	Freschool-Moderate Delay	7-1-1-1		3307000
PSD:	Freschool-Severe Delay			· · · · · · · · · · · · · · · · · · ·
°\$L:	Preschool-Speech/Language Delay			
BLD:	Specific Learning Disability			
3[_]	Speech/Language Impairment	\$200.00	180	\$36,000
MR:	Severe Mental Retardation	\$200.00	180	\$36,000
BI:	raumatic Brain Injury		100	3307000
/ ! : \	visual impairment	\$200.00	180	\$36,000
· ·				
Iternati	ve General Education: for At-Risk students		***************************************	

If payment i	s made within N/A	calendar days afte	r acceptance of goods	and/or services.	the above of	guoted price
excluding be	les tax, shall be discounted by	%. (Refer t	Uniform Instructions T	o Offerors for dis	count require	ments.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Ava	ailable		uded in y Rate	Rate/unit (if not included)
Speech/Language Therapy	(9)	N	8	N N	not included)
Occupational Therapy	8	N	8	N	
Physical Therapy	8	N	(Ý)	N	
Audiology	8	N	8	N	· · · · · · · · · · · · · · · · · · ·
Pre-vocation/Vocational	8	N	V	N	
Counseling/Guidance for Students	Y	N	Y	N	
Parent Counseling and Training	(V)	N	(V)	N	
Psychoeducational Assessments	Y	N	Y	N	
Psychological Services	Y	N	Υ	N	<u> </u>
Recreation	(P)	N	Ŷ	N	
School Health Services	Ø	N	Ø	N	
Medical	Ŷ	N	Ø	N	
Transportation	(Y)	N	(Ý)	N	
Other:	Y	N	Υ	N	
Other:	Υ	N	Y	N	
Other:	Υ	N	Υ	N	
Extended School Year	8	N	(Ý)	N	

Circle all grades for which you are approved:

PreK K	1	2	3	4	(5)	6	9	8	9	10	(17)	⁄1 2
	_		_	_	_		_	400	_			•

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

4 Success Schools, LLC	Kelli Lun d							
Company Name	Name of Person Authorized to Sign Offer							
5727 N. Black Canyon Hwy.	Program Coordinator							
Street Address	Title of Authorized Person							
Phoenix, AZ 85015	felli fund 5-25-06							
City State Zip Code								
Telephone Number: 623-937-8780	Facsimile Number: 623-937-1883							
Offeror's Arizona Transaction (Sales) Privilege Tax Li	cense Number: N/A							
Offeror's Federal Employer Identification Number:	41-2091709							
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated	Amendment No. Date Amendment No. Date							
	FFER AND CONTRACT AWARD State of Arizona Use Only)							
Your Offer, dated <u>5-25-06</u> , is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.								
This Contract shall henceforth be referred to as Contrac	t Number ED06-0047-/							
You are hereby cautioned not to commence any billa contract until you receive an executed purchase order, co	ble work or provide any material, service or construction under this outract release document, or written notice to proceed, if applicable.							

State of Arizona

Awarded this __

Douglas C. Peeples, MBA, CPPI CPCM

2006.

Procurement Director

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	\$103.00	180	\$18,540.00
EDP:	Emotional Disability/Separate Facility of Private School	same	same	same
HI:	Hearing Impairment			
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	same	same	same
MD-S	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR:	: Mild Mental Retardation	same	same	same
MOME	R:Moderate Mental Retardation	same	same	same
OHI:	Other Health Impairment	same	same	same
OI:	Orthopedic Impairment			
PMD:	Preschool-Moderate Delay	_		
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability	same	same	same
SLI	Speech/Language Impairment	same	same	same
SMR:	Severe Mental Retardation			
TBI:	Traumatic Brain Injury	same	same	same
VI:	Visual Impairment			
ar — Arma (file	and the second s			
Alterna	tive General Education: for At-Risk students	same	same	same

If payment is made within	calendar	days	after	acceptance	of	goods	and/or	services,	the abo	ve quot	ted price,
excluding sales tax, shall be discounted by _	%	. (Re	fer to	Uniform Ins	truc	tions T	o Offer	ors for dis	count rec	quireme	nts.)

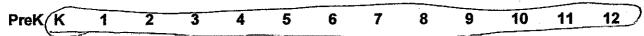
Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available	Included in	Rate/unit (if
		Daily Rate	not included)
Speech/Language Therapy	Y N	YN	\$84/hr
Occupational Therapy	YN	YN	\$84/hr
Physical Therapy	(Y) N	Y (N)	\$84/hr
Audiology	YN	YN	
Pre-vocation/Vocational	Y N	Y N	
Counseling/Guidance for Students	Y N	YN	\$100/hr
Parent Counseling and Training	YN	YN	
Psychoeducational Assessments	YN	Y (N)	
Psychological Services	Y N	(Y) N	
Recreation	Y N	YN	
School Health Services	N N	(Y) N	
Medical	YN	YN	
Transportation	(Y) N	Y (N)	\$65/day
Other:	YN	Y N	
Other:	YN	Y N	· · · · · · · · · · · · · · · · · · ·
Other:	YN	Y N	
Extended School Year	Y N	Y (N)	\$93/day

Circle all grades for which you are approved:





PO BOX 5484 GLENDALE, AZ 85312 (623) 937-8780 fax (623) 937-1883

May 8, 2006

Please accept this document as 4 Success Schools' request for proposal. Our State approved program provides educational services for exceptional children, from kindergarten through high school, who have been identified as ED, LD, MIMR, MOMR, OHI, TBI and Autism. The curriculum is on file and meets the Arizona Academic Standards.

Listed below is the pricing for the 2006-2007 school year which is based on 180 attendance days.

	Daily	Annually
ED-P, LD, MIMR, MOMR, A, TBI, OHI students	\$103.00	\$18,540.00
One-on-one aide	\$81.00	\$14,580.00
½ day tuition	\$93.00	\$16,740.00
OSS	\$88.00	
OSS Transportation (as needed)	\$65.00	
Therapy rates are priced per hour: Speech and Language Therapy. Occupational Therapy. Physical Therapy. Individual Counseling.	\$ 84.00 \$ 84.00 \$100.00	Per 6 week session \$2,0511.00
*Counseling Services *Music Therapy *Art Therapy *Parent Support Services *4 Success Schools offers counseling services, music and art thera of our program and at no charge to the district.	no charge no charge no charge no charge	
Signature	Date	

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Foundation f	or Blind Chil	ldren	Michae	1 Hanks
Company Name			Name of Pe	erson Authorized to Sign Offer
1235 E. Harm	ont Drive		Direct	or Finance S Administration
Street Address	ont bilve	.		or Finance & Administration thorized Person
		•	Acc.	1 1 / 1
Phoenix	AZ	85020	Mech	wil Hank 3.17.6
City	State	Zip Code	Signature o	f Authorized Person Date of Offer
Telephone Number:	602-331-147	70	Facsimile N	Number:602-678-5803
		Ť	. 86	0129981
Offeror's Arizona Tran	isaction (Sales) Priv	vilege Tax License Nu	ımber:	· · · · · · · · · · · · · · · · · · ·
Offeror's Federal Emp	loyer Identification	Number:	•	
Acknowledgement of a (Offeror acknowledges ment(s) to the Solicitat related documents num	receipt of amend- ion for Offers and	Amendme	ent No. Date	Amendment No. Date
	ACCEPTAN	NCE OF OFFER (For State of Ari	the state of the s	CT AWARD
based upon the solicita This Contract shall hen	tion and your Offer,	as accepted by the St	ate. r ED06-0047- <u>/8</u>	
				naterial, service or construction under the written notice to proceed, if applicable.
				<u>.</u>
		State of A	Arįzona	
	Awarded this	19th day of_	Jene Dente	, 2006.
. *	<u> </u>	Bouglas C. Peeples, M	, - ,	

SECTION 2

SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13.	Payment.	The	Contractor	shall	be p	oaid	the	total	amount	set	forth	in	Attachment	6.1	of the	1e	Contract	upon
	verification by	y the e	ligible reci	pient	agen	cy th	at th	e Co	ntractor	satis	factor	ily (delivered the	goo	ds or	ser	rvices set	forth
	in the Scope of	f Wor	k or specif	ication	ıs.													

- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
- 16. Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

	Same
(Compan	ıy Name)
	Same
(Street A	Address)
	Same
(City & State)	(Zip Code)

17. Contractor representative to contact for contract administration purposes:

Michael Hanks

(Name	and Title)	
1235 E. Harmon	t Drive	
(Street	t Address)	
Phoenix	AZ	85020
(City & State)		(Zip Code
602-331-1470 F (Telephone & F		
mhanks@the-f	bc.org_	·
(E mai	I Address)	

Each year, The Foundation for Blind Children publishes its fees for the coming school year for services provided to blind and low vision children. Following are the fees for the 2006-2007 school years. These fees will remain in effect through June 30, 2007.

TEXTBOOK SERVICE	\$1,100/YEAR
PRESCHOOL TUITION (Annual):	
VISUALLY IMPAIRED*	\$8,450/YEAR
VI WITH PSD, PMD & PSL**	\$12,300/YEAR
K-2 MDSSI CLASSROOM TUITION (Annual)	\$23,000/YEAR
VISION RESOURCE TEACHING (including evaluations)	\$80.00/HOUR
ORIENTATION & MOBILITY INSTRUCTION (including evaluations)	\$80.00/HOUR
EDUCATIONAL EVALUATIONS	\$80.00/HOUR
ASSISTIVE TECHNOLOGY TRAINING	\$80.00/HOUR
ASSISTIVE TECHNOLOGY EVALUATIONS	\$90.00/HOUR
EXTENDED SCHOOL YEAR SERVICES – PRESCHOOL	\$170.00/WEEK
EXTENDED SCHOOL YEAR SERVICES – ELEMENTARY & SECONDARY	\$220.00/WEEK
INDEPENDENT LIVING SKILLS TRAINING – as available	NO CHARGE
COUNSELING SERVICES – as available	NO CHARGE

^{*}The preschool tuition of \$8,450 for the visually impaired child does not include the cost for any therapies, i.e., speech, physical or occupational. These therapies are sometimes recommended and any therapies approved in the child's IEP will be billed separately, over and above the tuition rate, at an hourly rate of \$72.00/hour.

FBC is designed as a vision resource center to assist school districts and students in the provision of specialized services and materials for blind and visually impaired children. If we can be of any assistance or answer any questions, please contact Elaine Baldridge or Michael Hanks at 602-331-1470.

Sincerely Hack

Michael Hanks

Director/Finance and Administration

^{**}The preschool tuition of \$12,300 for the MDSSI child includes individualized speech, physical and occupational therapies, not to exceed six (6) hours of individualized therapy per month. If additional therapy is authorized by the district and is available from FBC, the district will be billed at \$72.00/hour.

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve: SEE FEE SCHEDULE ATTACHED

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism			
EDP:	Emotional Disability/Separate Facility of Private School			
HI:	Hearing Impairment			
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$159.72	180	\$23,2000 K-2
MD-SS	I: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR:	Mild Mental Retardation			
MOMR	:Moderate Mental Retardation		_	
OHI:	Other Health Impairment			
OI:	Orthopedic Impairment			
PMD:	Preschool-Moderate Delay	85.41	140	\$12,300 P/S
PSD:	Preschool-Severe Delay	85.41	140	\$12,300 P/S
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability			
SLI	Speech/Language Impairment			
SMR:	Severe Mental Retardation			
TBI:	Traumatic Brain Injury			
VI:	Visual Impairment P/S and K-2	\$58.68		\$8450.00
nga da merilik melang nga perjacan di Atau			Taring phone in the said of th	
Alterna	tive General Education: for At-Risk students			

If payment is made within $\frac{n/a}{n}$ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by $\frac{n/a}{n}$ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Please complete entire form as appropriate.

See the attached fee schedule

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	(Y) N	Y N	\$72.00
Occupational Therapy	Y N	Y N	\$72.00
Physical Therapy	Y N	Y N	\$72.00
Audiology	Y (N)	Y N	
Pre-vocation/Vocational	YN	Y N	
Counseling/Guidance for Students	Y N	Y N	No fee
Parent Counseling and Training	(Y) N	Y N	No fee
Psychoeducational Assessments	YN	Y N	
Psychological Services	YN	Y N	
Recreation	(Y) N	Y N	
School Health Services		Y N	
Medical	Y (N)	Y N	
Transportation	Y (N)	Y N	
Other: Independent Living Skills are avail.	Y N	Y N	
Other:	Y N	Y N	
Other:	Y N	Y N	
Extended School Year Weekly Rate	(Y) N	Y (N)	****

**** \$170.00 preschool
Circle all grades for which you are approved: **** \$220.00 Elem/Secondary

PreK(K) (1) (2) 3 4 5 6 7 8 9 10 11 12

The preschool tuition rate for visually impaired children does not include the cost for any therapies. The Preschool tuition rate for MDSSI includes the cost of up to six hours of recommended therapies per month. The K-2 tuition rate for MDSSI includes the cost of all authorized therapies. (See also the attached fee schedule.)

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Danaca Ana	i Aa i	. 12 /
Develeux Arizona Company Name	Lane Marti	in - Barker
	Name of Person Authorize	
6436 E Sweetwater Ave	Executive D	
Street Address	Title of Authorized Person	· , , ,
Scottsdale A2 85254 City State Zip Code	Mehrentera	h 5/24/06
City State Zip Code	Signature of Authorized Po	erson Date of Offer
Telephone Number: 480-998-2920	Facsimile Number:	480-998-0643
Offeror's Arizona Transaction (Sales) Privilege Tax License Number:	NA	
Offeror's Federal Employer Identification Number:	_23-13	90618
Acknowledgement of Amendment(s): Amendment No.	Date Amendm	ent No. Date
(Offeror acknowledges receipt of amend- ment(s) to the Solicitation for Offers and		/A
related documents numbered and dated		
	· · · · · · · · · · · · · · · · · · ·	
ACCEPTANCE OF OFFER AND		
(For State of Arizona Use	Only)	and the second s
V 05 14 5 194/A/		
Your Offer, dated <u>5/24/06</u> , is hereby accepted as described in based upon the solicitation and your Offer, as accepted by the State.	the Notice of Award. You	u are now bound to perform
This Contract shall henceforth be referred to as Contract Number ED06	-0047- <u>/9</u>	

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this

Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

- 13. Payment. The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
- 16. Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Develeux ARizona
(Company Name)

11000 N. Scottsdale Rd, Ste, 260
(Street Address)

Scottsdale AZ 85254
(City & State) (Zip Code)

17. Contractor representative to contact for contract administration purposes:

Sophie Park, Contract Manager

(Name and Title)

11000 N Scottsdale Rd, Ste. 240

(Street Address)

Scottsdale A2 85354

(City & State) (Zip Code)

480-889-0569

(Telephone & Facsimile Numbers)

SPark (D) Deverence, ORG

(E-mail Address)

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	134	180	\$22,320
EDP:	Emotional Disability/Separate Facility of Private School	# 124	180	22,320
HI:	Hearing Impairment			
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SS	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR:	Mild Mental Retardation	# 124	180	# 22, 320
MOMR	::Moderate Mental Retardation			
OHI:	Other Health Impairment	\$ 124	180	122,320
OI:	Orthopedic Impairment			,
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability	# 124	180	# 22,320
SLI	Speech/Language Impairment	\$ 124	180	B 22, 320
SMR:	Severe Mental Retardation	•		
ТВІ:	Traumatic Brain Injury			
VI:	Visual Impairment			
				ar en
Alterna	tive General Education: for At-Risk students	4 124 E	180	\$22,320

If payment is made within	NA	calendar	days	after	acceptance	of	goods	and/or	services,	the	above	quoted	price,
excluding sales tax, shall be	e discounted by _	<u> </u>	. (Re	fer to	Uniform Ins	truc	tions T	o Offer	ors for dis	coun	t requir	ements.)

Please complete entire form as appropriate.

Related Services	Ava	ilable		ded in	Rate/unit (if
			Daily	/ Rate	not included)
Speech/Language Therapy	(Y)	N	Y	N	[‡] 75
Occupational Therapy	Υ	N	Υ	(N	
Physical Therapy	Υ	N	Y	N	
Audiology	Y	N	Υ	N	
Pre-vocation/Vocational	Y	N	(3)	N	
Counseling/Guidance for Students	(Y)	N	Υ	N	\$ 75
Parent Counseling and Training	(Y)	N	Y	N	\$ 75
Psychoeducational Assessments	Υ	N	Υ	N	
Psychological Services	Y	N	Υ	N	
Recreation	Y	N	Y	N	
School Health Services	Y	N	(Y)	N	
Medical	Υ	N	Υ	N	
Transportation	Y	N	\bigcirc	N	\$75 Per Trip
Other:	Υ	N	Y	N	
Other:	Υ	N	Υ	N	
Other:	Y	N	Υ	N	
Extended School Year	Y	N	Υ	N	# 124 DAY

Circle all grades for which you are approved:

\sim	\wedge	\sim					$\langle \rangle$				1
PreK K 1	(2)	(3)	(4)	(5)	6	(7)	(8)	(9)	(10)	(11)	(12)
\cup											

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

ARIZUNA BAPTIST CHILDREN'S SERVICES Company Name	DON E. Mc DANIEL, JR. Name of Person Authorized to Sign Offer
Street Address CLENDALE A2 85302 City State Zip Code Telephone Number: 623 349-2227 Offeror's Arizona Transaction (Sales) Privilege Tax License Number Offeror's Federal Employer Identification Number:	SENIOR VICE PRESIDENT Title of Authorized Person Signature of Authorized Person Date of Offer Facsimile Number: 623 776-0343
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated Amendment No	Date Amendment No. Date
ACCEPTANCE OF OFFER AND (For State of Arizona U	
Your Offer, dated 5-24-06, is hereby accepted as described based upon the solicitation and your Offer, as accepted by the State. This Contract shall henceforth be referred to as Contract Number EDG	0

State of Arizona

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

Awarded this _

<u>, 2006.</u>

Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	115 00	180	20,700
EDP:	Emotional Disability/Separate Facility of Private School	11500	180	20,700
HI:	Hearing Impairment			
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/QI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SS	II: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	-		
MIMR:	Mild Mental Retardation	/15 00	180	20,700
MOMR	:Moderate Mental Retardation			
OHI:	Other Health Impairment	115	180	20,700
OI:	Orthopedic Impairment		-	
PMD:	Preschool-Moderate Delay	· ——	_	
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay	-	~	
SLD:	Specific Learning Disability	115 00	180	20,700
SLI	Speech/Language Impairment			
SMR:	Severe Mental Retardation			
TBI:	Traumatic Brain Injury			
VI:	Visual Impairment			
Alterna	tive General Education: for At-Risk students	11500	180	20.700

If payment is made within	calendar	days	after	acceptance	of	goods	and/or	services,	the	above	quoted	price,
excluding sales tax, shall be discounted by _	%	6. (Re	efer to	Uniform Ins	truc	ctions T	o Offer	ors for dis	coun	ıt requir	ements.))

Please complete entire form as appropriate.

Related Services	Available	1	ded in Rate	Rate/unit (if not included)
Speech/Language Therapy	(ý) N	Υ	(E)	70/he.
Occupational Therapy	Ý N	Υ	N	70/hR
Physical Therapy	Y (N)	Υ	N	70/ hr.
Audiology	Y (N)	Υ	N	
Pre-vocation/Vocational	Ý N	(A)	N	
Counseling/Guidance for Students	Ý N	(Y)	N	
Parent Counseling and Training	Ƴ N	Υ	N	701 he
Psychoeducational Assessments	Ý N	Υ	N	70/hR ort rate clarge
Psychological Services	Y (N)	Υ	N	<u> </u>
Recreation	(Y) N	Ŷ	N	
School Health Services	Ø N	Y	N	
Medical	Y (Ñ)	Υ	N	
Transportation	Y (N)	Υ	N	
Other:	YN	Y	N	
Other:	Y N	Υ	N	
Other:	Y N	Y	N	
Extended School Year	Ø N	Υ	N	90/day

Circle all grades for which you are approved:

P	reK	Ŕ





6 7 8 9 10

ARIZONA BAPTIST CHILDREN'S SERVICES

Smithey-Link Education Center 15640 North 28th Drive Phoenix, AZ 85053 (623) 349-2250

PROPOSAL TO PROVIDE EDUCATIONAL SERVICES TO SPECIAL EDUCATION/NON SPECIAL EDUCATION STUDENTS FOR THE 2006/2007 ACADEMIC YEAR.

I. SCHOOL CONTACT PERSONS:

Ms. Sherry Jones, Principal 15640 North 28th Drive Phoenix, AZ 85053 Telephone: (623) 349-2250

II. PROGRAM DESCRIPTION:

ABCS Smithey-Link Education Center provides a specialized education program for special education and non special education students in grades K through 12. Students are evaluated for placement by the contracting school districts or by the Arizona Department of Education, Permanent Voucher Program. The school serves as an integral part of the Residential Treatment Program of Arizona Baptist Children's Services and as a resource for public school districts, which may refer students who require a highly structured and supervised self-contained classroom, separate from public school facilities.

Smithey-Link Education Center serves students who, for a variety of reasons, cannot benefit from, or adjust to, a regular school program or special education services provided in the public school system. The school is designed specifically to accommodate those students who, because of emotional and/or behavioral maladjustment, are not motivated by traditional models of classroom learning and whose interpersonal relationship patterns preclude enrollment in a public school. Common symptoms of students placed in Smithey-Link Education Center include: short attention span, moderate-to-severe distractibility, hyperactivity, need for immediate gratification, heightened arousal seeking, delinquency, runaway, physical or verbal aggressiveness toward peers and/or adults, school truancy, frequent school tardiness, underachievement, school dropout, disinterest in school, severe family conflicts, alcohol and/or drug abuse, depression, suicidal gestures, diminished ability for self-control, emotional lability, psychosomatic disorders, and more serious symptoms such as hallucinations, delusions and thought disorders.

III. EDUCATIONAL AND RELATED SERVICES PROVIDED:

A. Instructional Services:

OPPOR AND AWARD



ARIZONA DEPARTMENT OF EDUCATION Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Upward Foundation				on L. Graham	
Company Name			Name of	Offer	
6306 N. 7th Street			Dire	en e	
Street Address			Title of	Authorized Person	
AZ	85014		Sha	son L. Shaham	5-18-06
State	Zip Code	•	Signatur	e of Authorized Person	Date of Offer
602-279	-5801		Facsimil	e Number: 602-2	79-0785
tion (Sales)	Privilege Tax I	icense Number:		N/A	
er Identificat	ion Number:	i jandus		86-0221195	· .
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amend- ment(s) to the Solicitation for Offers and related documents numbered and dated			Date	Amendment No.	Date
	AZ State 602-279 tion (Sales) er Identificate endment(s): reipt of amen for Offers an	AZ 85014 State Zip Code 602-279-5801 tion (Sales) Privilege Tax I er Identification Number: endment(s): reipt of amend- for Offers and	AZ 85014 State Zip Code 602-279-5801 tion (Sales) Privilege Tax License Number: er Identification Number: endment(s): endment(s): Amendment No. for Offers and	Name of Direct AZ 85014 State Zip Code Signatur 602-279-5801 Facsimilation (Sales) Privilege Tax License Number: er Identification Number: er Identification Number: er adment(s): Amendment No. Date reipt of amend- for Offers and	Name of Person Authorized to Sign Director of Programs Title of Authorized Person AZ 85014 State Zip Code Signature of Authorized Person 602-279-5801 Facsimile Number: N/A er Identification Number: 86-0221195 endment(s): Amendment No. Date Amendment No.

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-18-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 21.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this

Douglas C. Peeples, MBA, CPPB CPCM

Procurement Director

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism			
EDP:	Emotional Disability/Separate Facility of Private School			
HI:	Hearing Impairment		,	
MD:	Multiple Disabilities (Please circle combinations served). VI/HL VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	*SEE BELOW \$131	182	\$23,842
MD-SS	il: Multiple Disabilities/Severe Sensory Impairment **SEE			
	(Please circle combinations served) SVI/SHI, SVI/MOMB SVI/SMR SVI/EDP, (SHI/MOMR) OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$131	182	\$23,842
MIMR:	Mild Mental Retardation			
MOMR	:Moderate Mental Retardation	\$131	182	\$23,842
OHI:	Other Health Impairment			
OI:	Orthopedic Impairment			
PMD:	Preschool-Moderate Delay	\$111	140	\$15,540
PSD:	Preschool-Severe Delay	\$11 1	140	\$15,540
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability			
SLI	Speech/Language Impairment			
SMR:	Severe Mental Retardation	\$131	182	\$23,842
TBI:	Traumatic Brain Injury			
VI:	Visual Impairment			
				a pripagaja Barangan Pagana Barangan Pagana
Alterna	tive General Education: for At-Risk students			,

^{**}Districts that contract with us provide the vision or hearing teacher for these students.**

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	(Y) N	Y N	not included)
Occupational Therapy	(Y) N	Y N	
Physical Therapy	(Y) N	Y N	
Audiology	Y (N)	YN	
Pre-vocation/Vocational	Y (N)	Y N	
Counseling/Guidance for Students	Y (N)	Y N	
Parent Counseling and Training	Y (N)	Y N	
Psychoeducational Assessments	Y N	Y N	
Psychological Services	Y (N)	Y N	
Recreation	Y N	Y N	
School Health Services	Y N	(Y) N	
Medical	Y N	N (Y)	
Transportation	YN	YN	
Other: Music Therapy	Y N	(Y) N	
Other: Additional OT, PT and/or ST	Y N	Y (N)	\$75/hour
Other:	YN	Y N	
Extended School Year	Y N	Y (N)	\$111/day - PS \$131/day - K-1

 PreK
 K
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OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Company Name	dba The Hi-	-star center	Cer Kristin E. Texada Name of Person Authorized to Sign Offer							
5807 N. 43rd	Ave.		Progr	am Direc	tor					
Street Address	:		Title of Autho	rized Person	\wedge					
Phoenix	AZ	85019	Krist	E. 1	exalq 5/25/06					
City	State	Zip Code	Signature of A	uthorized Po	erson Date of Offer					
Telephone Number:	602-5	48-3038	Facsimile Number: 602-548-3175							
Offeror's Arizona T	ransaction (Sales)	Privilege Tax Lice	nse Number:							
Offeror's Federal Er	nployer Identificat	ion Number:		86-07161	105					
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amend- ment(s) to the Solicitation for Offers and			endment No. Date	Amendo	nent No. Date					
,										

Your Offer, dated 5-25-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 22

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _

<u>, 2006.</u>

Douglas C. Peeples, MBA, CPBB, CPCM

Procurement Director

SOLICITATION NO. ED06-0047

Hi-Star Center for Children

Please complete for each category you are approved to serve:

•	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	\$ 145.00	180	\$26,100.00
EDP:	Emotional Disability/Separate Facility of Private School	\$ 145.00	180	11
HI:	Hearing Impairment			•
MD:	Multiple Disabilities (Please circle combinations served) VI/HI,VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$ 145.00	180	. 11
MD-SS	I: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR:	Mild Mental Retardation	\$ 145.00	180	11
MOMR	: Moderate Mental Retardation	\$ 145.00	180	11
OHI:	Other Health Impairment			
OI:	Orthopedic Impairment		·	
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay		<u>.</u>	-
PSL:	Preschool-Speech/Language Delay	-		
SLD:	Specific Learning Disability	\$ 145.00	180	11
SLI	Speech/Language Impairment	\$ 145.00	180	tt
SMR:	Severe Mental Retardation			
TBI:	Traumatic Brain Injury			
VI:	Visual Impairment			
Alterna	ative General Education: for At-Risk students			

If payment is made within	calendar	days	after	acceptance	of goods	and/or	services,	the above	e quoted	price,
excluding sales tax, shall be discounted by _	%	. (Re	efer to	Uniform Ins	tructions 1	o Offer	ors for dis	count requ	irements.) .

Please complete entire form as appropriate.

Hi-Star Center for Children

Related Services	Available	Included in	Rate/unit (if
		Daily Rate	not included)
Speech/Language Therapy	N (X)	V) N	
Occupational Therapy	YN	Y N	
Physical Therapy	YN	Y N	
Audiology	YN	Y N	
Pre-vocation/Vocational	YN	Y N	
Counseling/Guidance for Students	YN	Y N	·
Parent Counseling and Training	(Ŷ) N	Y N	
Psychoeducational Assessments	YN	Y N	
Psychological Services	YN	Y N	
Recreation	Y N	Y N	
School Health Services	YN	Y N	
Medical	YW	Y N	
Transportation	YN	Y N	
Other: MASTERPIECE MUSIC & ART PROGRAMS	Ø N	Y N	-
Other: MUSIC INSTRUCTION/CHOIR	Y N	Y) N	
Other: MOVEMENT & DANCE	YN	Y N	
Extended School Year	YN	YN	·

Circle all grades for which you are approved:

PreK (K 1 2 3 4 5 6 7 8 9 10 11 12)

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

	Alternatives Unlimited, Inc		
	Stort Addison		
,	Street Address Dahmore MD 21286 City State Zip Code	Title of Authorized Person Signature of Authorized Person Date of Off	_
	Telephone Number: 410 339-3945	Facsimile Number: 410 339-14	9l
	Offeror's Arizona Transaction (Sales) Privilege Tax License Num Offeror's Federal Employer Identification Number:		
)	Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated Amendment Amendment ———————————————————————————————————	t No. Date Amendment No. Date	

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated <u>5-25-06</u>, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-23.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this

760

2006.

Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

- 13. Payment. The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

16.	Mailing of Payments. Award Form.	Address to which payment should be mailed	, if different than that listed on the Offer and
		(Company Name)	
		(Street Address)	<u> </u>
		(City & State) (Zin)	Code)

17. Contractor representative to contact for contract administration purposes:

Melissa Replogle Supervisor of Legal
(Name and Title)

Status

Street Address)

Duttinory WD 21286
(City & State)

(City & State)

(City & State)

(Telephone & Facsimile Numbers)

Mreplogle @ alternatives unlimited. Com
(E-mail Address)

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	D: 127 0 1			
	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism			: (
EDP:	Emotional Disability/Separate Facility of Private School	85.90	210	12.039
HI:	Hearing Impairment		, ,	
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-S	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR	: Mild Mental Retardation			
MOMF	R: Moderate Mental Retardation			
OHI:	Other Health Impairment			
OI:	Orthopedic Impairment	, manuar (1)		
JMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay	170		V-1/1-
PSL:	Preschool-Speech/Language Delay			,
SLD:	Specific Learning Disability	75.00	200	15750
SLI	Speech/Language Impairment			
SMR:	Severe Mental Retardation			
TBI:	Traumatic Brain Injury			
Vi:	Visual Impairment			
inadian in		er elle professione de la communicación.		
Alterna	tive General Education: for At-Risk students	52.50	180	19450

If payment is made within	calendar	days	after	acceptance	of	goods	and/or	services.	the	above	auoted	price.
excluding sales tax, shall be discounted by _				Uniform Ins								



Please complete entire form as appropriate.

Related Services	Available	Included in	, , , , , , , , , , , , , , , , , , ,
Speech/Language Therapy		Daily Rate	not included)
	Y) N	Y N	
Occupational Therapy	(Y') N	Y (N)	\$75 hr
Physical Therapy	(Ŷ) N	YN	#75 hr
Audiology	Y N	Y (N)	\$M5 hr
Pre-vocation/Vocational	(Ŷ) N	(Ŷ) N	
Counseling/Guidance for Students	N N	Y N	
Parent Counseling and Training	Y N	(Ŷ) N	
Psychoeducational Assessments	(P) N	Y (N)	100 hr
Psychological Services	(Ŷ) N	(Y) N	
Recreation	(Ŷ) N	N N	
School Health Services	Ŷ N	(Y) N	-
Medical	Y (N)	Y (N)	
ransportation	(Y ²) N	Y N	\$20 1-Way Per
Other: Social Worker	Y N	(Y) N	
Other:	YN	YN	,,
Other:	YN	YN	
Extended School Year	(Y) N	(Ŷ) N	

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 7 8 9 10 11 12

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Youth Development Ins	titute	TRISH CO	COROS
Corhpany Name 1830 E Rhosevett Road Street Address		Associate Title of Authorized P	Director
Phoenix AZ 8500 City State Zip C		Lus Coe Signature of Authoriz	ColoS 5.25 · ded Person Date of Off
Telephone Number: 602-254-088	¥	Facsimile Number:	602-258-403
Offeror's Arizona Transaction (Sales) Privilege Ta	ax License Number:		
Offeror's Federal Employer Identification Number	- :	86-0	84134
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated	Amendment No.	Date Am	endment No. Date
ACCEPTANCE O	F OFFER AND ((For State of Arizona Use	agest interesting operation, the substitution of the weather that we will be a second of the second of the second	ARD

Your Offer, dated 5-25-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-24

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

Awarded this day of 2006.

Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

- 13. Payment. The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- 15. Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
- 16. Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Same (Company)	Name)
(Street Add	lress)
(City & State)	(Zip Cod

17. Contractor representative to contact for contract administration purposes:

TRISH COCOROS ASSOCIATE DIRECTOR

(Name and Title)

1830 E Roosevelt Rd

(Street Address)

Phoenix AZ 85004

(City & State)

(Zip Code)

(Telephone & Facsimile Numbers)

Trish-cucorose y dioorg

(E-mail Address)

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism			
EDP:	Emotional Disability/Separate Facility of Private School	\$12D	180	\$21,600
HI:	Hearing Impairment			1
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SS	GI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED		-	
MIMR:	Mild Mental Retardation	1512D	180	\$21,600
MOMR	:Moderate Mental Retardation			<i>#-1,000</i>
оні:	Other Health Impairment			
OI:	Orthopedic Impairment			
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability	8120	180	\$21,600
SLI-	Speech/Language Impairment			- Harris Jacob
SMR:	Severe Mental Retardation	i		
TBI:	Traumatic Brain Injury			
VI:	Visual Impairment			
Alterna	tive General Education: for At-Risk students			

If payment is made within	5	calendar	days	after	acceptance	of	goods	and/or	services,	the	above	auoted	price.
excluding sales tax, shall be	discounted by _	5_%	. (Re	efer to	Uniform Ins	truc	ctions T	o Offer	ors for dis	cour	ıt requir	ements.)

Please complete entire form as appropriate.

Related Services	Ava	ilable	1	ded in Rate	Rate/unit (if not included)
Speech/Language Therapy	(Y)	N	Y	(N)	#80/he
Occupational Therapy	Υ	N	Y	N	1990/111
Physical Therapy	Y	N	Υ	(N)	
Audiology	Y	N	Y	(M)	
Pre-vocation/Vocational	Y.	N	Υ	(N)	
Counseling/Guidance for Students	Y	N	(Ý)	N	
Parent Counseling and Training	Y	N	Y	N	
Psychoeducational Assessments	Υ	N	Υ	(N)	
Psychological Services	Y	(N)	Υ	N	
Recreation	Y	N	Υ	(N)	
School Health Services	Y	N	(Y)	N	
Medical	Y	(N)	· Y	(N)	-
Transportation	Υ	(N)	Υ	N	
Other:	Y	N	Υ	(N)	,
Other:	Y	(N)	Υ	(N)	
Other:	Y	Ŵ	Y	(N)	
Extended School Year	(Y)	N	Y	N	\$120/day

Circle all grades for which you are approved:

David (C)	(A)	(a)	6	77		<u> </u>				
PreK 🕏	$\mathbf{\Theta}$	(Z)	(3)	4			وي	(8)		(\mathbf{z})

olca

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section

1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish conditions, specifications and amendments in the solution Securior Securior	licitation.	rvice(s) or construction in compliance with all the terms,
dog/Southwest Education Co Company Name	enter	Elizabeth Conran Name of Person Authorized to Sign Offer
Street Address		Board of Directors Title of Authorized Person
Phoenix AZ 8501 City State Zip Coo	<u>∫</u> le	Signature of Authorized Person Date of Offer
Telephone Number: 602-2777 Offeror's Arizona Transaction (Sales) Privilege Tax		Facsimile Number: 602 -277 - 692) 7
Offeror's Federal Employer Identification Number:		36-2781597
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amend- ment(s) to the Solicitation for Offers and related documents numbered and dated	Amendment No.	Date Amendment No. Date
	OFFER AND or State of Arizona Use	CONTRACT AWARD

Your Offer, dated 5-26-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-25.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this

_day of

<u> 2006</u>

Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

SECTION 2

SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

- 13. Payment. The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
- 14. Invoices. The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
- Inclusive Offeror. Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, womenowned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, womenowned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
- 16. Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Special Education Services
(Company Name)

1720 Randall Pd
(Street Address)

Anrona JL 60506
(City & State) (Zip Code)

17. Contractor representative to contact for contract administration purposes:

(Name and Title)

(Name and Title)

(Street Address)

Phoenix, Arizona 85014

(City & State)

(Zip Code)

(DD2-277-72-35 FW 602-277-92)7

(Telephone & Facsimile Numbers)

Deth. Conran Dmenta Com

(E-mail Address)

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate	
A:	Autism	\$157 -	180	\$ 28,260	
EDP:	Emotional Disability/Separate Facility of Private School	\$ 121 -	180	#21.780	
HI:	Hearing Impairment				
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$ 157	180	\$28,260	
MD-SS	I: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	#157	180	\$128,260	
MIMR:	Mild Mental Retardation	\$157	180	\$ 28,260	
MOMR	: Moderate Mental Retardation	# 157	180	\$28,260	
OHI:	Other Health Impairment	\$ 121	180	\$21,780	
QI:	Orthopedic Impairment	, (<u>:</u>		
PMD:	Preschool-Moderate Delay				
PSD:	Preschool-Severe Delay				
PSL:	Preschool-Speech/Language Delay				
SLD:	Specific Learning Disability	#121	180	B21,780	
SLI	Speech/Language Impairment			,	
SMR:	Severe Mental Retardation	\$157	180	\$28,260	
TBI:	Traumatic Brain Injury	#121	180	\$1,780	
VI:	Visual Impairment				
			planeti i i i i i i i i i i i i i i i i i i		
Alternative General Education: for At-Risk students					

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____%. (Refer to Uniform Instructions To Offerors for discount requirements.)

lease complete entire form as appropriate.

Related Services	Avai	lable	1	ded in Rate	Rate/unit (if not included)
Speech/Language Therapy	(Y)	N :	Y	N	
Occupational Therapy	Υ	N	Υ	N	
Physical Therapy	Υ	Ŋ	Y	N	
Audiology	Υ	N	Y	N	
Pre-vocation/Vocational	Y	N	(y)	·N	
Counseling/Guidance for Students	Ŷ	N	\bigcirc	N	
Parent Counseling and Training	Υ	W	Y	(N)	
Psychoeducational Assessments	Υ	N	Y	N	
Psychological Services	Y	· N	Y	N	
Recreation	Υ	N.	Υ	N	
School Health Services	Υ	(K)	Υ	N	
Medical	Υ	N)	Y	N	
ransportation	(y)	N	Y	(N)	
Other:	Υ	N	Υ	N	
Other:	Y	N	Y	N	
Other:	Y	N	Y	N	
Extended School Year	Y	N	Υ	(N)	

Circle all grades for which you are approved:

PreK (K) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)

ATTACHMENT 6.1 FEE SCHEDULE PART II (Attachment)

TRANSPORTATION

One Way Rates

Effective 2006-2007- school year (SWEC only)

Miles	Cost
0.0-5.0	\$12.73
5.1-10.0	\$14.18
10.1-13.0	\$19.85
13.1-15.0	\$21.26
15.1-20.0	\$28.35

ESY RATES

\$121.00 Daily Rate

- Specific Learning Disability
- Emotional Disability
- Other Health Impairments
- Traumatic Brain Injury

\$157.00 Daily Rate

- Autism
- Mild Mental Retardation
- Moderate Mental Retardation
- Sever Mental Retardation
- Multiple Disabilities